



RESEARCH CORPORATION OF THE UNIVERSITY OF GUAM

RCUOG STUDENT OFF-CAMPUS ACTIVITY WAIVER OF LIABILITY

Agreement made this _____ day of _____, 201____ between the Research Corporation of the University of Guam (hereinafter "RCUOG") and _____ (hereinafter "Student"). (PRINT NAME: FIRST, MIDDLE INITIAL, LAST).

In consideration of the RCUOG granting permission to UOG STUDENT to participate in activities sponsored by the RCUOG/UNIVERSITY, STUDENT hereby waives all claims, for damage or loss to his/her person and property that may be caused by any act or failure to act, against the RCUOG/UNIVERSITY, its officers, agents or employees.

STUDENT assumes the risk of any dangerous conditions that may be encountered in the course of this activity scheduled for: _____, to the following location(s): _____.

Statement of Disclosure of Medical Condition by Student. (If applicable)

I have a medical condition that will prevent me from **fully** participating in this off-campus activity. **Check one:**

_____ I would like *reasonable accommodation* in order to participate in this off-campus activity.

or

_____ I request an *alternate activity* that fulfills the requirement of this off-campus activity.

*Student must attach letter from Institutional Compliance Officer (located in Dorm 2, Iya Hami Hall, Room 106. Telephone: 735-2244, email: efgogue@ugam.uog.edu) that will inform the instructor of the requested alternative project or activity based on the student's medical condition.

_____ Date: _____
STUDENT SIGNATURE

_____ Date: _____
PRINCIPAL INVESTIGATOR NAME AND SIGNATURE