

**LOCK HAVEN UNIVERSITY**  
**INFORMED CONSENT RELEASE AND**  
**EXPRESS ASSUMPTION OF THE RISK**  
For Adult Chaperone or Coach

I, \_\_\_\_\_, wish to participate in  
the \_\_\_\_\_  
(Name)

**Entomological Society of PA Annual Meeting at Lock Haven**

**University's Sieg Conference from 12:30 p.m. on October 25 –  
noon**

**on October 26, 2006.**

(Describe event with particularity)

I realize that injuries can be a consequence of participation in this activity and that no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume all risk of possible harm or injury, specifically but not limited to strains, sprains, dislocations, broken or fractured bones, cuts or bruises. I understand and appreciate that such injury could also include, without limitation, serious neck and spinal injuries which may result in partial or total paralysis; brain damage, loss of sight, hearing, sense of smell, serious or permanent injuries to all bodily organs and functions; serious injury to all or part of the musculoskeletal system, all of which may detrimentally impact my general health and well-being for the rest of my natural life. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my life, and I choose to accept this risk and participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Lock Haven University of Pennsylvania, the Pennsylvania State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to me as a result of my participation in this activity.

By my signature below, I certify that I completely understand this document. I certify that I am at least eighteen years of age or older, and am not under the influence of any drugs or alcohol.

Signature of Chaperone: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness Signature \_\_\_\_\_ Date \_\_\_\_\_