



Applicants must include a \$250 non-refundable deposit with their applications.  
 The balance is due on or before June, unless otherwise arranged.  
 All checks must be made payable to Missouri Western State University Outdoor Semester  
 and delivered or mailed with the application form to:  
*Mr. James Grechus, Co-Director of Outdoor Semester*  
*Department of HPER, PE-214, 4525 Downs Drive*  
*St. Joseph, MO 64507*

Where did you first learn of outdoor semester?

Former Student       Former Faculty/Staff       Video       Poster  
 Brochure       School Newspaper       Representative  
 Advertisement, please specify \_\_\_\_\_       Other, please specify \_\_\_\_\_

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

I am aware that during the trip in which I am participating under the arrangements of the organizers and their employees, agents, associates and contractors, I may be subjecting myself to risks, dangers and hazards which could result in losses, illness, injury or death. I recognize that such risks, dangers and hazards may be present at any time during the trip.

In consideration of and as part payment for the right to participate in the trip and the associated activities and services arranged by the organizers and their employees, agents, associates and contractors, I do hereby fully assume all risks of losses, illness, injury and death and, further, I do hereby release and discharge the organizers for any and all losses, damage, illness or injury resulting from my participation in the trip and the associate activities and services.

As well, I agree that I will not sue the organizers, their employees, agents, associates or contractors for any losses or damages incurred as a consequence of my participation in the trip and the associated activities and services and caused by the negligent or other acts of the organizers of their employees, agents, associates, or contractors.

I agree that the above obligations shall be binding upon me personally, as well as upon my heirs, executors, administrators and all members of my family.

I have read this agreement and fully understand its contents. I am aware that this is a release of liability and an assumption of risk agreement between me and the organizers and their employees, agents, associates and contractors. I sign this agreement of my own free will, after having been advised that I am free to obtain independent advice on it.

PLEASE NOTE: Participants and sponsor (parent or guardian) must sign the bottom of this page to acknowledge reading and understanding of the above information.

\_\_\_\_\_  
 Participant's Signature Date

\_\_\_\_\_  
 Participant's Name (Please Print)

\_\_\_\_\_  
 Witness' Signature Witness' Name (Please Print)

\_\_\_\_\_  
 Witness' Address City State Zip