

**State University of New York College of Optometry**

**ASSUMPTION OF RISK AND RELEASE OF CLAIMS**

In consideration of being permitted to participate in the Tai Chi program (the "Program") offered by the Confucius Institute at the State University of New York College of Optometry, I agree, on behalf of myself, my family, heirs, executors and personal representatives, to assume all the risks and responsibilities associated with my participation in the Program. I have been fully and completely apprised of the actual and potential risks inherent in this activity. These risks include, but are not limited to, the risk of serious personal injury, including death, property damage and loss. By signing below, I am asserting that I am knowingly and voluntarily assuming such risks.

I have been apprised of, and fully understand, the fact that the State University of New York College of Optometry does not supervise or otherwise exercise control over the content and/or conduct of the Program in which I am participating. To the maximum extent permitted by law, I hereby agree to release and indemnify the State of New York, the State University of New York, the State University of New York College of Optometry, and their officers, employees, agents and volunteers, from any and all liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise out of or in connection with my participation in the Program.

Furthermore, I do hereby acknowledge complete responsibility for any and all doctor, hospital, dental, first aid and other medical expenses, and for transportation, room and board and personal expenses which I may incur while participating in the Program.

By my signature below, I acknowledge that I am at least 18 years of age, have read all of the above and that I understand and accept the risks inherent in my participation in the Tai Chi Program.

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_