

**Wayne State University – Alternative Spring Break Detroit 2025
Release and Waiver Form**

I desire to participate in the **Wayne State University Alternative Spring Break Detroit Program (ASBD)**, taking place on **Sunday March 9, 2025**, through **Friday March 14, 2025**. I acknowledge that my participation is voluntary and done at my own risk. I further acknowledge that I will be participating in hands-on community service, outreach and educational sessions and activities in the Detroit area that are not limited to but may include tutoring, urban gardening, neighborhood clean-up, soup kitchen and/or housing shelter related services. I recognize that there may be risks and hazards involved in my participation in the ASBD program activities. In recognition of any hazards and risks, I hereby waive, release, and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which hereafter accrue to me, as a result of my participation in said program, including travel to and from the ASBD service/outreach/educational sites in non-Wayne State University owned commercial, public, or private vehicles. I acknowledge that I am responsible for providing my own transportation to and from any and all ASBD program sites and activities. This release and waiver is intended to release Wayne State University, its employees and agents, and any municipalities or public or private entities (if applicable) and their respective agents and employees, from and against all liability arising out of or connected in any way with my voluntary participation in the ASBD program activities. There are no health-related reasons or problems which preclude or restrict my participation in the ASBD program activities.

I understand that although the ASBD program will not take place on the campus of Wayne State University or in WSU owned facilities the Wayne State University Student Code of Conduct is in full force and effect during my participation in the ASBD program. Therefore, the use and consumption of tobacco products, alcoholic beverages and illegal narcotics are strictly prohibited. If caught violating either of the policies regarding drug and alcohol use I will be responsible for the consequences which may include dismissal from program activities, being banned from participation in future ASBD program activities, and if applicable providing and paying my transportation home from an ASBD program site. I will also be subject to the State and City of Detroit laws regarding underage drinking and use of illegal narcotics.

I further authorize Wayne State University and those acting under their authority to: (1) record my participation, appearance, voice, and likeness on video tape, audiotape, film, photograph, transcript, or any other medium; (2) use my name, likeness, and vice in connection with these recordings; and (3) exhibit or distribute such recording(s) in whole or in part for any educational or promotional purpose which Wayne State University and those acting pursuant to its authority deem appropriate.

I have read and understood everything written above and voluntarily agree to be bound by the terms and conditions.

Participant Signature: _____

Printed Name: _____ Date: _____

FORM APPROVED
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07 JAN 2025
**OFFICE OF THE
GENERAL COUNSEL**