

Lewis & Clark College
Office of Student Activities

Liability Waiver Certification

Student Organization Name _____

Student Leader Name _____

I have collected a Liability Waiver from all persons who will be participating in the Organization's activities this year.

I understand that no person should be allowed to participate in the Organization's activities without having a current waiver filed with Student Activities. I also understand that I may assume personal liability for allowing persons to participate in the Organization's activities without their having completed a Liability Waiver.

In the event that additional persons wish to participate in our Organization's activities, I recognized that it is my responsibility to have those persons complete a Liability Waiver before commencing in the activities. I will deliver the completed waiver to the Office of Student Activities within 2 business days.

Printed Name _____

Signature _____ Date _____