

**STATEMENT OF RESPONSIBILITY AND
ASSUMPTION OF RISK REGARDING
“HOMELESSNESS AWARENESS SLEEP OUT”**

A Simulation for Students during Homelessness Awareness Week at KSU

The undersigned is a student duly enrolled in various courses offered through Kennesaw State University from August 2008 through December 2008. The “Homelessness Awareness Sleep-Out” shall be situated outdoors on the campus at KSU.

The undersigned is aware that there are certain risks inherent in this special event/simulation and that Kennesaw State University, as a state educational institution, cannot assume responsibility for all or certain activities of the undersigned. The undersigned is aware of his/her personal medical needs and hereby assures the University that he/she has consulted with a medical doctor, as he/she may have deemed necessary, with regard to any personal needs of the undersigned. Further, the undersigned is aware that the University cannot be responsible for attending to any medication needs of the undersigned.

The undersigned is aware that, should the undersigned be required to be hospitalized during the simulation, the University cannot and does not assume any legal responsibility for payment of such costs; rather, the undersigned hereby assures the University that he/she has assumed all risk and responsibility therefore, and that the undersigned has adequate hospitalization insurance to meet any and all needs for payment of hospital costs while undertaking this field trip.

The undersigned is aware of the expected behavior of the undersigned while participating in this special event/simulation. He/she is aware that, as a student on the campus, there is certain behavior that will be unacceptable and could lead to possible disruption of the undersigned's participation for such inappropriate behavior. The undersigned hereby assures the University that he/she shall conduct himself/herself in an appropriate manner at all times. Such behavior shall include moments when in the company of other participants and moments when the undersigned may be physically separated from other participants.

The undersigned acknowledges and understands that in the event the undersigned becomes detached from the simulation group, or becomes sick or injured, the undersigned will bear all responsibility to seek out, contact, and reach the course instructors and/or faculty.

The undersigned acknowledges and understands that Kennesaw State University assumes no liability whatsoever for any loss, damage, destruction, theft or the like to his/her personal belongings or valuables. In fact, participants are encouraged not to bring any personal belongings or valuables to the Sleep-Out.

The undersigned acknowledges the right of the University to withdraw any part of the simulation and to make any alterations, deletions or modifications in the itinerary and/or academic program as deemed necessary by the University or by the course instructors as agents of the University.

Signature

Witness

Date

We, the undersigned parents of _____, acknowledge that our son is a minor under the age of eighteen. Though a minor, our son/daughter is aware of the risks involved with participation in this Homelessness Awareness Sleep-Out simulation. We assure the University that we have carefully counseled our son/daughter on these risks and that he/she has our permission to participate in this simulation. Further, we assure the University that there are no physical or other reasons that preclude our son/daughter from participating in this simulation. We have adequate health insurance to provide for all medical costs for our son/daughter should it become necessary for it.

Date: _____

Parent

Parent