Release and Waiver

Release executed for the benefit of SUNY Buffalo Stat	e:
In Consideration of being permitted in	,, on
the premises and facilities of SUNY Buffalo State as w	ell as at, I do hereby agree
to release, defend, indemnify, hold harmless and forever discharge, SUNY Buffalo State, its officers,	
employees, and State University of New York, includir of and against any and all liability and responsibility for other person(s) or entity during, arising out of, or in a participation in, or for contribution or entity in connection therewith.	or any claim, suffered or incurred by me or any ny way associated directly or indirectly with my
Additionally, I acknowledge that my participation in e	ntirely voluntary and is subject to any and all rules
policies, procedures, and regulations, of SUNY Buffalo	
State nor its officers, agents, employees, or staff assu	
provides any insurance for my participation in	, and I assert that I voluntary
agree to assume all risks and hazards incident to	
according to the laws of the State of New York.	
Date	Participant (Print and sign)
Date	Parent/Guardian, if participant is under
	18 years of age (Print and sign name)
Cellphone Number:	
Emergency Contact Name:	
Emergency Contact Phone Number	