## Loft Registration and Assumption of Risk, Release of All Claims and Indemnity Agreement

complete this form then return it to your Hall Director.	
Name:	Student Number:
Phone:	Room/Hall:
injury, property damage and other dangers i	d/or residing in a room with a loft may involve risks of bodily if the loft is not properly constructed and maintained. I freely connection with any loft activities in which I engage.
In consideration of being permitted to constr for myself and personal representatives, ass	ruct and/or maintain a loft in my leased residence hall room, I, sign, heirs, and next of kin:
Oakland University, its agents and employed assigns, heirs and next of kin for all loss or attorney fees, on account of injury to myself.	ACTIVITY AND RELEASE, WAIVE AND DISCHARGE es from all liability to myself, my personal representatives, damage and any claims or demands therefore, including , or my property, whether caused by negligence of Oakland erwise, which I may experience or sustain arising directly or vities; and
HEREBY PROMISE TO INDEMNIFY, DEFEND AND HOLD HARMLESS Oakland University, its agents and employees and all persons from any and all additional or other claims and costs arising directly or indirectly out of any of my loft activities, acts and/or omissions.	
I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY AND CLEARLY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT.	
Signature:	Date:
Witness Signature:	Date:
Parent or Guardian Signature if Student is a Minor:	
	Date: