

LINCOLN UNIVERSITY

Waiver of Liability

I,	, being eighteen (18) years of age or older,
do herel	by affirm and swear as follows:
1.	I have voluntarily chosen and elected to participate in the Cooperative Education Program at Lincoln University.
2.	I willfully and freely assume complete responsibility for any injuries, physical or mental, which I might sustain by participating in the Cooperative Education Program. I will not hold Lincoln University liable for any injury which might befall me as a result of my participation in the Cooperative Education Program, except that injury which may be sustained by me as a direct result of a willful or negligent act of any employee or agent of Lincoln University.
	Signed:
	Date:
State of	Missouri
County	of
	personally appeared before me, a notary
public, i	n and for said County, and acknowledged the execution of the above waiver.
	Notary Public
My com	mission expires: