



Gift, Prize or Award Receipt and Waiver of Liability Affidavit

Instructions: This form along with an IRS W-9 or W-8 BEN form must be completed and signed in ink for all gifts, prizes, and awards given to a recipient by Frostburg State University. The completed form with all required documentation and original signatures should be submitted to the General Accounting Office for tax reporting. A copy should also be attached to the invoice sent to Accounts Payable for the purchase of the item or attached to your procurement card log and receipt for items purchased by University Procurement Card.

<i>For FSU Department Use Only:</i>	
Department/Project Name:	_____
Event Name:	_____
Purpose of Gift/Prize/Award:	_____

Gift/Prize/Award Description:	_____
Value: \$_____	(attach copies of receipts or other documentation to verify cost)
Department/Project Signature:	_____ Date: _____

Recipient Name (please type or print): _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Please check one of the following:

FSU Employee (including student employees) FSU Empl/Stdnt ID: _____

FSU Student – Non-employee FSU Empl/Stdnt ID: _____

Other State of Maryland Employee Name of Agency: _____

Non-Employee and Non FSU Student

Recipients Initials: _____

I certify and acknowledge the following:

I accept the gift, prize, or award listed above and I acknowledge that I am personally and solely responsible for all taxes, fees, or other costs associated with acceptance of the gift, prize or award. I understand that if I am an employee of Frostburg State University (“ FSU”) or the State of Maryland, that tax reporting and any required withholding will occur through the State of Maryland Central Payroll Bureau on my W-2. I understand that if I am not an employee, all tax reporting will occur through the State of Maryland Comptroller’s Office via an IRS 1099-Misc for US residents and resident aliens; or on an IRS 1042-S for non-resident aliens through the Central Payroll Bureau.

I certify that the information provided above and on my W-9 or W-8 BEN is complete and correct and that I have provided my full and correct Social Security Number or ITIN.

I fully release, indemnify and forever discharge FSU , the University System of Maryland, the State of Maryland, and their respective employees, officers, directors, agents, or representatives from and waive all recourses, loss or damages including any consequential loss or damage, actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims and demands whatsoever, including without limitation, any claim based on the loss of ability to earn income, claims for injury, death, illness, delay or cancellation which I, my heirs, executors, administrators or personal representative now have or hereafter can, shall or may for or by reason of in in any way howsoever arising out of my participation in an event which takes place at FSU and at which I am the recipient of the gift, prize, or award pursuant to the event, including, without limitation, any claims arising out of the subsequent use of the gift, prize or award, whether such use is by me or by anyone else acting with or without my knowledge and/or consent. I voluntarily accept that legal risk, thereby expressly giving up any right of action, and accept any risk arising from use of the gift, prize or award and waive all liability whether such liability arises in contract, by reason of negligence, or by reason of breach of duty raised by statute, or in any other manner whatsoever.

By signing below I certify that I have read and fully understand the above form and its terms and conditions. I certify that I am either 18 years of age or older; or that this form has also been reviewed and signed by my parent or legal guardian if I am under the age of 18.

Recipient’s Signature: _____ Date: _____

If under the age of 18:

Signature of Parent or Guardian: _____ Date: _____