



Travel Participant Waiver Form

Student Affairs
1st Floor Student Center
251-380-3023

All students participating in travel more than twenty-five (25) miles from the College as part of their participation in a student organization activity or event must sign the Travel Waiver Form. Signed Travel Waiver Forms must be submitted to the Center for Student Involvement two (2) weeks prior to travel and accompany any Travel Request Form to ensure approval of student organization travel by the college.

Waiver Statement

I understand and agree that my participation in this college activity involves certain risks and that regardless of the precautions taken by the organization, some bodily injuries may occur. Specific risks/hazards involved in the activity(s) include, but are not limited to injuries received during travel to or from the destination.

In signing this information, in consideration of my participation in the recognized student organization's activity, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless the organization, Spring Hill College, and their representatives, officers, advisors, agents and employees (hereinafter referred to as RELEASEES) from **ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH**, that may be sustained by me arising out of any travel or activity(s) conducted by or under the auspices of the RELEASEES caused by **risks associated by this activity and/or the negligence of the RELEASEES**. Participant acknowledges that the organization and the college are separate legal entities and should be treated as such.

I am fully aware that there are inherent risks involved with this activity(s) and I know of no medical reason why I should not participate. I understand and agree the organization cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

The RELEASEES do not carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio and provide that information where indicated below.

Finally, I am fully aware that there are inherent risks involved with activity(s) and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity **including injuries sustained as a result of the negligence of RELEASEES**. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said activity **including injuries sustained as a result of the negligence of RELEASEES**. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement.

Emergency Contact Information

NAME

Last: _____ First: _____ MI: _____ Preferred: _____

Cell Phone #: (____) _____ Email Address: _____

Date of Birth: ____ / ____ / ____ Class Level: _____ Major: _____

EMERGENCY CONTACT INFORMATION:

In case of accident or emergency, or if you are deemed missing for greater than 24 hours, please give specific details of the quickest method of notifying your emergency contacts:

1st Emergency Contact

Name: _____ Relationship to Student: _____

Address: _____

PHONE: Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

2nd Emergency Contact

Name: _____ Relationship to Student: _____

Address: _____

PHONE: Home #: (____) _____ Work #: (____) _____ Cell #: (____) _____

Please indicate any health related conditions that Student Affairs should be aware of (for example, allergies and prescription medications): _____

Insured by: _____ Policy Number: _____ Group Number: _____

Signature

Date: _____ Print Name: _____ Signature: _____