



OFF-CAMPUS TRAVEL WAIVER AND ASSUMPTION OF RISK

The following should be read and completed by each student/employee/volunteer/guest traveling on a sponsored trip:

I \_\_\_\_\_ voluntarily agree to participate in the following:
(Print name)

Name of Trip/Destination: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

I am aware that this is a Wilkes University sponsored trip and that the University's Code of Conduct, Alcohol Policies and Travel Policies travel with me. I am held to the same standards of conduct as if I was on campus. If I am found violating the Code of Conduct while traveling, I will be subject to the University's judicial process and may have to repay the University for the expenses of the trip.

I am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in such activity.

I am further aware and have been advised that the University and/or its personnel will provide minimal or no supervision during this activity. The following regulations will apply:

- 1. No alcohol permitted on bus or mode of transportation as well as in housing. Additionally, no alcohol may be purchased by, consumed by or distributed to persons under the legal drinking age as dictated by laws of the location of the program and further governed by the University Alcohol Policy, Student Code of Conduct and any travel specific policies.
2. It is the traveler's sole responsibility to strictly adhere to the departure schedule stated prior to trip commencement. Wilkes University will not be responsible for those travelers who fail to comply with this regulation.
3. Wilkes University assumes no responsibility for traveler's personal property and reserves the right to inspect any/or all packages brought on board the vehicle of transportation.
4. It is the traveler's responsibility to obtain and maintain such health, accident, disability, hospitalization and travel insurance as he or she may deem necessary for the Activity, and to be responsible for the costs of such insurance and for any expenses not covered by insurance.

Failure to comply with any/or all of the regulations stated above will result in the termination of the traveler's trip, as well as the forfeiture of all monies paid to date. It may also result in disciplinary action.

Knowing all this, I assume all risks that may arise from or in connection with this activity. In addition, I do hereby agree and warrant to release and hold harmless Wilkes University, its agents, trustees, employees, and volunteers from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss damage or injury resulting from my participation in this activity.

Being eighteen (18) years of age or older, I voluntarily agree to participate in the above named activity. I have read and understand this document, and agree that it will legally bind me, my heirs, and my estate.

Traveler's Signature

Date

Please print the following information:

Traveler's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Describe any additional information which should be disclosed to the program director or staff member.