



Student Travel Waiver Form

Assumption of Risk and Release from Liability: I am fully aware of the risks and hazards connected with participation in the course's academic field trip and/or academic other off-campus activity, including risks of negligent or criminal acts of third parties. I understand and do hereby agree that Marywood University, its officers, employees, agents and representatives shall not be liable for any claims, demands or causes of action based upon or arising out of any illness or injury (including death), property loss or damage, deviation, delay or curtailment, however caused, which I may suffer in connection with my participation in this academic field trip and/or other academic off-campus activity.

Consent to Emergency Medical Treatment: I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization or surgery. Therefore, in the event of injury or illness to myself necessitating emergency medical care, I hereby authorize Marywood University, by and through its authorized representative(s) or agent(s), to secure any necessary treatment. It is understood that such treatment shall be solely at my expense.

Indemnification: I understand and do hereby agree to indemnify and hold harmless Marywood University, its officers, employees, agents and representatives from any and all claims, demands, causes of action and all expenses incidental thereto (including reasonable attorney's fees), based upon or arising out of any personal injury (including death) or property damage or loss caused by or resulting from my acts or omissions during participation in this academic field trip and/or other academic off-campus activity.

Use of Personally Owned Vehicles for Transportation: Personally owned vehicles and the drivers of such vehicles used for this academic field trip and/or other academic off-campus activity shall meet the following conditions: hold a current valid driver's license; be properly and legally insured with collision or comprehensive coverage and liability coverage in accordance with the laws of the state in which the car is registered; the vehicle is properly registered and inspected; and appropriate for such use, as determined by the owner/driver of the vehicle who is responsible for the vehicle and its use. I understand that as driver or passenger, I am responsible for ensuring that the vehicle that I will use for this academic field trip and/or other academic off-campus activity meets these above mentioned conditions. I understand that the driver/owner's auto insurance is responsible for third party liability including liability for injuries to passengers in the vehicle. I understand that I or the driver/owner is responsible for paying any and all deductible and/or co-pays associated with any accident that occurs while participating in this academic field trip and/or other academic off-campus activity. The University provides no physical damage coverage (collision or comprehensive) or liability coverage for non-University vehicles or its passengers, even when such vehicles and passengers are used for or participating in academic related activities, such as this academic field trip and/or other academic off-campus activity.

I have informed myself on the current conditions of my destination, and if a driver or passenger of/in a Personally Owner Vehicle, I have informed myself of its conditions, and accept full responsibility for placing myself in these environments. I acknowledge that I have read this form, have been given the opportunity to ask any questions about it and/or the planned travel and educational experience. With the intent to be legally bound, I acknowledge and represent that I understand this memorandum of understanding and sign it voluntarily with full knowledge of the educational benefits and possible risks associated with my participation in this academic field trip and/or other academic off-campus activity.

Course Name: _____

Student Name, Printed: _____ Date of Birth: _____

Student Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Name of Contact: _____ Relationship: _____

Telephone (Home): _____ Telephone (Cell): _____
