

**MUSKINGUM UNIVERSITY
STUDENT TRAVEL WAIVER AND RELEASE**

All participants shall read this entire **WAIVER and RELEASE** document before signing it. A signed copy must be on file in the Student Life Office before the student will be allowed to participate in the program.

I hereby agree to the following:

1. I shall indemnify Muskingum University (the "University") and hold harmless, its agents and its employees from all liability, losses, costs, claims, damages, and expenses, including attorney's fees, arising or claimed to have risen out of personal injuries or death, or property damage or loss, sustained by me as a result of participating in this program, however caused, including, without limitation, claimed negligence on the part of University employees, other participants, or third parties. In addition, I shall indemnify the University, its agents and employees from all liability, losses, costs, claims, damages, and expenses, including attorney's fees, relating to claims or injury arising from my own negligence or intentional acts during my participation in this program (including travel to and from the activity sites) and I hereby **RELEASE** and forever **DISCHARGE** the University and its agents and employees from all such liability, loss, cost, claims, damages, or expenses.
2. I understand that the program leaders, the director, and the assigned staff members are acting in their respective capacities as agents of the University, not individually, and hereby waive any and all claims I may have or purport to have against the University or against them individually for losses occasioned by any changes in travel plans, or for the failure of any of the companies providing transportation, hotel, food, tour services, or other goods or services, as applies to the nature of this off-campus program, to provide such services on a timely basis or for the failure to provide them at all.
3. The University has the right to make cancellations, changes, or substitutions in courses, the agenda, or program, assigned staff members, travel arrangements, or arrangements for other services, in the event of causes beyond its reasonable control, significantly changed conditions, or changes in the interests of the group.
4. It is my responsibility to obtain and keep in force adequate health insurance while traveling. I understand and agree I am financially responsible for my own medical expenses and that any advance medical payment made by the University through the program director or a staff member on my behalf shall be reimbursed to the University immediately.
5. I am solely responsible for obtaining and keeping safe my personal possessions, documents, money, travel tickets (as needed), and other property. I hereby **WAIVE** and **RELEASE** the University, the program director, and the assigned staff members from any and all claims for expenses or losses of any nature and amount due to my failure to do so.
6. In the event of illness or injury, I hereby authorize the program director or any assigned staff member to obtain emergency or other medical treatment as he or she deems necessary, including the administration of anesthetics or other medications and surgery, and I hereby assume both any physical risk associated with and responsibility for the cost of such treatment.
7. I hereby authorize disclosure by the University to my parents of any relevant information regarding my participation in the program. I waive my rights as defined by the Family Right to Education Privacy Act (FERPA).
8. I understand and agree that while participating in the program, I remain subject to the University's rules, regulations, and policies. I agree to adhere to such rules, regulations and policies strictly during my anticipated participation in the program.

I have read and understand this document, and agree that it will legally bind me, my heirs, and my estate.

Student Signature

Date

Please print the following information:

Student Name: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____

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