

MUSKINGUM

U N I V E R S I T Y

STUDENT TRAVEL WAIVER AND RELEASE FORM

Students must read and complete this Waiver and Release prior to participating in any student travel.

I, the undersigned, agree to the following:

- (1) I shall indemnify Muskingum University ("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 arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of participating in this academic, athletic, or University-supported activity, 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, costs, claims, damages, or expenses.
- (2) I understand that the employee(s) for the activity 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 employee(s) individually for losses occasioned by any changes in travel plans, or for the failure of any of the companies providing transportation, lodging, meals, tour services, or other goods or services, as applies to the nature of this activity, 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 the course, agenda, program, assigned employee(s), 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) 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, and any assigned employee and volunteer, from any and all claims for expenses or losses of any nature and amount due to my failure to do so.
- (5) I am aware that travel may increase the risk of my exposure to the COVID-19 virus. I agree to follow the University's established COVID-19 mitigation policies, which includes following all COVID-19 mitigation policies of the travel destination. I accept this risk and hereby WAIVE and RELEASE the University, and any assigned employee and volunteer, from any and all claims for expenses or losses of any nature and amount should I contract COVID-19.
- (6) In the event of illness or injury requiring medical care, I hereby authorize the employee to contact emergency services, if needed, or transport me to an appropriate medical facility, if requested. I authorize notification of my emergency contact. I hereby assume both physical risk associated with and responsibility for the cost of any medical treatment. 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 employee on my behalf shall be reimbursed to the University immediately.

- (7) I understand and agree that while participating in the activity, I remain subject to the University's rules, regulations, and policies. I agree to adhere to such rules, regulations, and policies during my participation in the activity.
- (8) I hereby authorize disclosure by the University to the emergency contact listed below of any academic or other relevant information regarding my participation in the activity. I WAIVE my rights as defined by the Family Right to Education Privacy Act (FERPA) for this purpose.

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

Date(s) of travel: _____

Purpose of travel: _____

Student Signature

Date

Parent Signature (on behalf of minor child)

Date

Please print the following information:

Student name: _____

Student Phone Number: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone Number: _____

Describe any additional information that should be disclosed to the employee.