



Field Trip/Activity Waiver of Liability and Hold Harmless Agreement

I, the undersigned participant, am requesting participation in the Lourdes University

Name of department/college/club:

Activity:

Activity Chaperone(s):

that begins on: _____ and ends on: _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability Lourdes University, its employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from, and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s).

Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from, and during the Activity. If the University incurs any of these types of expenses as a result of my participation in this Activity, I agree to reimburse the University.

I understand and agree that in the course of my participation in this Activity, including travel to, from, and during the Activity, University officials are granted permission to authorize emergency medical treatment, if necessary, and that such action by University shall be subject to the terms of this Agreement. I understand and agree that University assumes no responsibility for any injury or damage which might arise out of or in

connection with such authorized emergency medical treatment. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

I understand and agree that I am financially responsible for all costs associated with my participation in this Activity with the exception of:

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I understand that I am representing Lourdes University during this trip and will abide by University Policy throughout the activity. I further understand that that University "Policy" includes the written regulations of the University as found in, but not limited to, the Community Standards Code of Conduct, Student Handbook, the University web pages, computer use policy, and the Academic Catalog.

I understand and agree that to the extent rules and requirements of the Activity differ from University Policy, this Contract will control regarding the Activity. I further understand that any misconduct may result in my return to Sylvania, Ohio at my own expense and/or other sanctions, and that such determinations shall be made solely at the discretion of the Activity Chaperone(s).

I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Ohio. I agree that if any portion of this agreement is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

If Participant is 18 or older:

Participant's Signature: _____ Date: _____

Participant's Name: _____ Phone No: _____

If Participant is under the age of 18:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's
Parent/Guardian: _____ Date: _____

Minor Participant's
Parent/Guardian's Name: _____ Phone No: _____



Emergency Contact/Health Information

Participant Name: _____

Health Information:

Allergies (medicine, food, etc.)

Any special dietary needs

List any medication being taken

Emergency Information:

Emergency Contact's Name: _____

Relationship: _____

Address: _____

Home phone: _____

Cell phone: _____

Other number: _____

If parking your vehicle at Lourdes for the Program duration:

Participant's Automobile: Make/Model: _____

Plate number: _____