

**FULL AND GENERAL RELEASE OF LIABILITY AND COVENANT NOT TO SUE
AND ACKNOWLEDGEMENT OF STUDENT CONDUCT CODE**

I, _____ (“Student”), desire to attend the _____ Conference in _____ (the “Conference”). I acknowledge that my attendance at the Conference is completely voluntary and is not required by Rockhurst University.

I understand that the Rockhurst University Student Conduct Code, as set out in the Student Activity Planner and Handbook, is in full effect for the entirety of my travel to and attendance at the Conference. I acknowledge that I have received a copy of the Student Activity Planner and Handbook. I understand that I am subject to disciplinary action upon returning to campus if I am found in violation of the Student Conduct Code at any time while traveling to or attending the Conference.

I understand that there is travel involved in attending the Conference, including but not limited to travel by automobile, train, and airplane. I understand that there are inherent risks in travel that may lead to my injury. I understand that I share in the responsibility for my own safety and the safety of others. I understand the travel involved in attending the Conference could result in mild, moderate or severe injury to my body including but not limited to my muscles, tendons, ligaments, bones, skin, teeth and vital organs. I also understand that catastrophic injuries including but not limited to permanent paralysis and death could result from travel involved in attending the Conference.

I attest and verify that I am in good physical health and that if I believe that I am physically unable to participate in the Conference or the travel involved in attending the Conference for any reason, I will personally contact a Rockhurst University employee and inform the employee of the limitations of my participation.

In consideration for allowing me to attend the Conference, I agree that Rockhurst University, its past and present officers, trustees, employees, agents, representatives, successors, or volunteers (collectively “Rockhurst Affiliates”) shall be released to the maximum extent permissible under the law, from any and all liability for any and all claims, damages, or causes of action, known or unknown, incurred during or arising out of my attendance at or travel to the Conference, including but not limited to claims for bodily injury or property damage suffered by Student while preparing for or participating in the Conference, including transportation to and from the Conference.

I understand that nothing in this release is intended to nor shall be construed to release any insurance company or third party from any obligation to pay under liability insurance or other benefit.

I understand and agree that this release shall be governed by and construed in accordance with the laws of the State of Missouri.

I AGREE NOT TO SUE OR OTHERWISE MAKE ANY CLAIM FOR DAMAGES AGAINST ROCKHURST UNIVERSITY, ITS PAST AND PRESENT OFFICERS, TRUSTEES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, OR VOLUNTEERS FOR ANY INJURY WHICH MAY ARISE DURING OR FROM MY ATTENDANCE AT, PREPARATION FOR, OR TRAVEL TO THE CONFERENCE.

In other words, I agree that I cannot sue or recover anything from Rockhurst University or its Affiliates if anything happens to me as a result of the past or future actions or inactions of Rockhurst University or its Affiliates or while attending, preparing for, or traveling to the Conference.

I UNDERSTAND AND AGREE THAT THIS RELEASE SHALL BE BINDING ON MY HEIRS, SUCCESSORS, ASSIGNS, AND ANY OTHER PERSON OR ENTITY SEEKING TO ASSIST ANY CLAIM ON MY BEHALF OR ON BEHALF OF MY ESTATE.

STUDENT: READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY VALID AND BINDING OBLIGATION TO RELEASE A PARTY FROM ALL KNOWN AND UNKNOWN OBLIGATIONS. YOU MAY WANT TO CONSULT AN ATTORNEY TO REVIEW THIS RELEASE BEFORE SIGNING IT.

By signing below, I indicate that I have read this document, understand and agree with its contents. I am eighteen years of age or older, and I am competent to read and sign this Release; or if I am not eighteen years of age, my parent/guardian has signed below.

Student _____

Date _____

Printed Name _____

Student Name	
Parent/Spouse Name	
Address	
City, State, Zip	
Phone (home, work, cell)	
E-mail address	
Medical Insurance	
Policy #	
Other Medical Info	