

Student Involvement Student Activities Center Rutgers, The State University of New Jersey 613 George Street New Brunswick, NJ 08901 getinvolved.rutgers.edu osi@echo.rutgers.edu

848-932-6978 Fax: 732-932-1080

INFORMED CONSENT/TRAVEL WAIVER

I,	(students name)	, will be participating in a trip with	(name of	
organi	zation), traveling to	(place) on	(date or date range)	
in	(name o	of city).		
	$\hfill\Box$ I am a driver on this trip.	$\hfill\Box$ I am not a driver on this trip.		
I recog	nize and acknowledge the following:			
•	That travel to and from the site via	(mode of transportation) entails risks of	bodily injury or property damage.	
•	If driving, that I have a valid Drivers License and	arry the legal limits of automobile insurance.		
•	That by voluntarily providing transportation for cassumed or incurred by these individuals.	hat by voluntarily providing transportation for other individuals to and from the site, I may be liable for bodily injury or property damag ssumed or incurred by these individuals.		
•	My participation on this trip is voluntary and is nei	ither required nor is it part of any course or curriculum	requirement.	
•	That I am physically able to participate in the trip	activities and know of no disability that would prevent	my participation.	
•	That while traveling inresulting from trips or falls.	(name of city) there is risks of bodily injur	ry or property damage caused by c	
•	• That while in an urban environment there is the unfortunate but real risk of being the victim of a violent crime.			
•	That while traveling I should carry appropriate copies of photo identification and health insurance identification.			
•		utgers University events. If I am found in possession oved from		
trustee claims, which I or my I and/or	is, officers, employees, agents, the student organizati demands, actions, causes of actions, costs and expeneretofore have been or hereafter may be sustained or presence or activities in connection with this participa	nive, release and discharge Rutgers, The State Universition, its officers, agents, trip leaders, activity coordinate inses for and by reason of any personal injury, death or suffered by me in consequence of and as a result of tion. I also agree to indemnify and hold harmless Rutgerthermore, I acknowledge that the risks outlined above	rs, or members from any and all r property damage, loss and expense, a certain accident, casualty or event lers for injuries sustained either to me	
It is fu assign		release, indemnity and assumption of risk is to be	e binding on my heirs and	
Partici	pant's Name (Print)	RUID		
Participant's Signature		Date		
Emergency Contact's Name		Emergency Contact's Phone N	Emergency Contact's Phone Number	
I have	the following health conditions and/or allergies that t	rip coordinators should be aware of:		
Hoolth	Incurance Carrier's Name	Policy Number		
rieditii	Insurance Carrier's Name	Policy Number		