

RELEASE & INDEMNITY IN CONNECTION WITH
A STUDENT TRIP, OUTINGS AND/OR ACTIVITIES

As a member or guest of _____
I will participate in the _____ at
_____ on
_____.

The risks associated with this activity include, but are not limited to:

I agree to the following:

- 1) I (we) voluntarily accept and assume the risk for any injury I may receive as a result of my participation in the above described activity(ies).
- 2) I (we) release the University of Cincinnati, the _____,
_____, and their trustees, officers,
(Name of club/organization)
employees, and agents from all liability for any injury I may receive as a result of my participation in the above described activity(ies) and agree to hold them harmless and indemnify them for any claim made against them by virtue of my conduct in connection with my participation in the above described activity(ies).
- 3) I (we) acknowledge that the University recommends that I (we) obtain (our) own insurance coverage (i.e., student health plan, family coverage, etc.)

Signature of Participant, Birthdate

Print Name

* _____
Signature of Parent or Legal
Guardian

*Persons who are 18 years of age or older may sign this waiver without any accompanying signatures or parent or guardian

Name of Participant _____

Insurance Information:

____ Yes, I have my own full medical insurance coverage or am covered by my parents' or guardian's medical insurance policy.

Carrier: _____

Policy Number: _____

Please list special needs:

Medical: _____

Allergies: _____

Medications: _____

Dietary: _____

Emergency Information: In case of emergency,

Please contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____