

**LIABILITY RELEASE & INDEMNIFICATION**

I acknowledge that I have been asked to participate in the following Woodbury University-sponsored off-campus travel and/or activity:

\_\_\_\_\_

I further acknowledge that such travel and/or activities involve certain risks and that illnesses, injuries, death, property damage, or other harm could occur to me or others, and I understand and appreciate the nature of such hazards and risks. In consideration of my participation in this travel and/or these activities, I accept and voluntarily incur all risks of any illnesses, injuries, damages, or harm which arise during or as a result of my participation in this travel and/or these activities, regardless of whether or not caused in whole or part by the negligence or other fault of Woodbury University, its departments, trustees, affiliates, employees, officers, agents or insurers (hereafter known as "Released Parties").

I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known or unknown, which arise during or as a result of my participation in this travel and/or these activities, regardless of whether or not caused in whole or part by the negligence or other fault of the Released Parties. I release and forever discharge the Released Parties from all such claims.

I agree to indemnify and hold the Released Parties harmless for all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or as a result of my participation in this travel and/or these activities, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

I AGREE TO ABIDE BY ALL GUIDELINES FOR TRAVEL. ADDITIONALLY, I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE SPECIFIED ACTIVITIES OR TRIPS, AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under 18)

**WOODBURY UNIVERSITY MEDICAL INFORMATION AND RELEASE FORM**

Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Date of Birth: ____/____/____		

***Emergency contact persons and phone numbers:***

Name: _____	Name: _____
Relation: _____	Relation: _____
Phone (day): _____	Phone (day): _____
Phone (eve): _____	Phone (eve): _____

***Medical Information:***

**Physician Information**

Physician Name: \_\_\_\_\_

Phone (office): \_\_\_\_\_ Phone (emergency): \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications you are currently taking: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

*I, the undersigned, do hereby authorize Woodbury University and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.*

The effective dates for this authorization are \_\_\_\_\_ through \_\_\_\_\_.

I have read the above authorization and confirm that the information contained therein is true and accurate.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under 18)