Name of Group Traveling:_____

Contact Name:_____ **Contact Phone:** _____

Destination:_____**Dates of Travel:** _____

Office Use Only:

Date a copy was faxed to Student Life: _____
(Send to CIRT - Student Life @ 845-6138)

Date a copy was faxed to University Police: _____
(Send to Communications Officers @ 847-2345)

Date a copy was faxed to Fleet Leasing: _____
(Send to Reservation Clerks @845-3026)

Please have **ALL** travelers fill out **ALL OF THE INFORMATION BELOW**!
It is very important that all of this information be **PRINTED NEATLY and CLEARLY!**

RECOGNITION AND ASSUMPTION OF RISK

I understand and acknowledge that certain risks of harm are inherent in the travel to and from locations and that the sponsor cannot control these risks. Therefore, I expressly and knowingly release, hold harmless, and indemnify the sponsoring organization, its representatives, officers, advisors and agents; the University, the State, its officers, and employees, from any and all claims and causes of action for property damange, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of _____ caused by risks associated by this activity and/or the negligence of the sponsoring group. Particpant acknowledges that sponsoring organization and the University/State are separate legal entities and should be treated as such.

In addition, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. Neither the University for the sponsoring organization carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen (18) years of age or older and is otherwise competent to execute this agreement.

FULL NAME (printed)	Signature	S.S.N.	Emergency Contact Name	Contact Phone #

Continuation of "Recognition and Assumption of Risk" signatures:

Name of Group Traveling:_____

Destination:_____ **Dates of Travel:** _____

FULL NAME (printed)	Signature	S.S.N.	Emergency Contact Name	Contact Phone #