



Student Life/Student Activities

STATEMENT OF DUE WARNING AND ASSUMPTION OF RISK FORM

The following should be read and completed by each student traveling on a sponsored trip:

I _____ voluntarily agree to participate in the following:

(Name and destination of trip)

I am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in such activity.

I am further aware and have been advised that the University and/or its personnel will provide minimal or no supervision during this activity. The following regulations will apply:

1. No minors, without parental or guardian permission.
2. No alcohol permitted on bus or mode of transportation.
3. It is the traveler's sole responsibility to strictly adhere to the departure schedule stated prior to trip commencement. Western Connecticut State University will not be responsible for those travelers who fail to comply with this regulation.
4. Western Connecticut State University assumes no responsibility for traveler's personal property and reserves the right to inspect any/or all packages brought on board the vehicle of transportation.
5. Failure to comply with any/or all of the regulations stated above will result in the termination of the traveler's trip, as well as the forfeiture of all monies paid to date. It may also result in disciplinary action.

Knowing all this, I assume all risks that may arise from or in connection with this activity. In addition, I do hereby agree and warrant to release and hold harmless the state of Connecticut, the Board of Trustees of the Connecticut State University and/or Western Connecticut State University, its agents and employees, from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss damage or injury resulting from my participation in this activity.

Being eighteen (18) years of age or older, I voluntarily agree to participate in the above named activity.

Student's Signature: _____ Date: _____

Student's Printed Name: _____

Student ID Number: _____ Phone #: _____

Address: _____

The coordinator of this activity must submit this signed form to the Student Life/Student Activities Office, along with the Emergency Contact Information Form.