

# WESTERN CONNECTICUT STATE UNIVERSITY TRAVEL WAIVER FORM

## STATEMENT OF DUE WARNING, ASSUMPTION OF RISK AND RESPONSIBILITY

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

I \_\_\_\_\_ voluntarily agree to participate in the following:  
(print name)

Name of Trip/Destination: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

I am aware that this is a Western Connecticut State University sponsored trip and that the University's Code of Conduct Alcohol Policies and Travel Policies travel with me. I am held to the same standards of conduct as if I was on campus. If I am found violating the Code of Conduct while traveling, I will be subject to the University's judicial process and may have to repay the University for the expenses of the 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 as well as in housing. Additionally, no alcohol may be purchased by, consumed by or distributed to persons under the legal drinking age as dictated by laws of the location of the program and further governed by the University Alcohol Policy, Student Code of Conduct and WCSU Travel Policy.
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.

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 Regents of the Connecticut State Colleges and Universities 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 (or Parent/Guardian): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

EMERGENCY CONTACT & HEALTH INFORMATION

1. Print Student's Name (as it appears exactly on your license, government issued ID or passport):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ WCSU ID#: \_\_\_\_\_

Circle one: Male Female

2. In case of emergency, who should we notify?

Primary Emergency Contact:

Secondary Emergency Contact:

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

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

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

3. Please list any medical issues we should be aware of (in case you should take ill while traveling):

\_\_\_\_\_

4. Please list any restrictions that may prevent you from fully participating in activities during the trip:

\_\_\_\_\_

5. Are you taking medication? Yes \_\_\_ No \_\_\_  
If yes, what?

\_\_\_\_\_

6. Do you have Health Insurance? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy Number