

MOREHOUSE

COLLEGE

MOREHOUSE COLLEGE MATH SCIENCE SOUTHEASTERN REGIONAL TRIO PROGRAM

TRAVEL WAIVER

GENERAL RELEASE FORM

Student: _____ M#: _____

Description of Travel: Morehouse College Math Science Southeastern Regional TRIO Program, generally, and every activity, project or trip associated with above student's participation in the Morehouse College Math Science Southeastern Regional TRIO Program

Date (s): June 7, 2019 – July 12, 2019

Faculty or Staff Travel/Program Leader: Mrs. Sallie Sanders or faculty/staff member as designated by the Morehouse College Math Science Southeastern Regional Program

As a participant in the Morehouse College ("Morehouse") Math Science Southeastern Regional TRIO Program, I voluntarily choose to participate in travel with the Morehouse Math Science Southeastern Regional TRIO Program for the **date (s) listed above**. I understand that participation in the Morehouse Math Science Southeastern Regional TRIO Program will or may involve travel in, from, and to the United States. All travel described above is understood to commence upon leaving the agreed upon meeting place and time, as determined by the Trip Leader, and includes the entire itinerary, all activities at destination (s), all travel to and from such destination(s), and all activities during the trip. The trip shall continue until my return to the initial meeting place. I agree at all times to abide by the Morehouse College Student Code of Conduct and any additional policies related to my membership or affiliation with the Morehouse College Math Science Southeastern Regional TRIO Program. This agreement confirms my understanding of the following:

1. **Risks of Travel:** I understand that participation in all travel may involve risks not found in study at Morehouse. These include without limitation, risks involved in traveling to, from, and within the destination, as well as risks generated by the activities in which I engage while traveling. I recognize that these potential risks include, for example, illness, injuries, and such illness or injuries might be potentially fatal. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I understand that, although Morehouse has organized this travel, it cannot eliminate all risks or guarantee my safety while I am traveling. I have made the independent judgment to participate in all travel. I further agree to not pose or create any harm to myself or others by engaging in any activity not directly supervised or sponsored by Morehouse College.
2. **Health Insurance; Medical Care; Health and Safety Concerns:** I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while traveling. I will be solely responsible for payment in full of all costs of medical care I may receive.

I authorize Morehouse to obtain appropriate health care for me if I need it. I further agree to hold harmless and indemnify Morehouse from all actions taken to provide necessary emergency medical care to me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then Morehouse may contact my parents or any other person whose name I have provided as my "emergency contact." I understand that Morehouse ordinarily will not initiate such contact without first having a discussion with me. I agree that in no event shall Morehouse be liable or responsible for any bill, fee, or cost associated with any medical care or treatment that I might receive.

3. **Standards of Conduct:** I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations; with Morehouse's policies for student conduct (including without limitation those set forth in the *Student Handbook* and in any Trip-specific materials); with the policies of my host institution/organization (if any); and with any instructions given by the Morehouse College Math Science Southeastern Regional TRIO Program leader or chaperones. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with Morehouse's policies, standards and instructions for student behavior. I agree that Morehouse has the right to enforce such standards of conduct and that I may be dismissed from travel at any time for failing to abide by such standards.
4. **Travel Arrangements:** I understand that Morehouse does not represent or act as an agent for any host family, employer, transportation carrier, hotel, tour organizer or other provider of food, goods or services involved in my travel. I understand that Morehouse is not responsible for matters beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be performing, visiting, living, working, or lodging.
5. **International Travel (if applicable):** I recognize the existence of the various risks in foreign travel and I understand the advisories for the Trip posted by the United States Department of State currently located at <https://travel.state.gov> and the United States Centers for Disease Control at <https://wwwnc.cdc.gov/travel>. I agree to keep informed of these postings, as they may change from time to time.
6. **GENERAL RELEASE:** Knowing the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Trip. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Morehouse, its officers and Board of Trustees, directors, faculty, staff, representatives, employees and agents ("Released Parties"), from all liability and claims (present and future claims) of any kind, which may arise on account of personal injury to me or my death, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the Trip (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary or gross negligence on my part or on the part of any of the released parties.

I certify that I am age 18 or older. I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable. I agree that this agreement shall be governed by the laws of the State of Georgia, which shall be the forum for any lawsuits filed under or incident to this agreement or the Trip.

Signed: _____ Date: _____

Student Name (print) _____

Morehouse College Residential Center (if applicable): _____

If student is under age 18, the parent and/or legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the student listed above (the "Student"), do hereby consent to his or her participation in the Trip. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify Morehouse, and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's travel (including periods in transit to or from the Student's destination), resulting from any cause, including but not limited to any and all negligence. I accept the terms stated herein this travel waiver and general release.

Signed: _____ Date: _____

Name (print): _____

EMERGENCY CONTACT INFORMATION:

United States

First Contact

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

Email Address(es): _____

Second Contact

Name: _____ Relationship: _____

Telephone (home): _____ Telephone (cell): _____

Email Address(es): _____