ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT
DAY TRIP

By signing my name below, I indicate that I choose to participate in U
(brief name of trip)
a day trip scheduled to take place on ~ Z Œ ( š ^ Œ Œ ] ‰ Z • X the Trip, students will
(date)

(brief description of student activities)
d Z ^ d Œ ^ ] ‰ v • } Œ _ ] • X d Z ^ d Œ ] ‰ v ] Ì Œ • _ Œ University,
(name of department, student organization, or other University entity)
its trustees, officers, employees, agents, volunteers, and assigns.

I understand and agree that there are risks involved in the Trip and I hereby accept any and all risks, including but not limited to property damage and/or loss, transportation accidents, physical exertion, injury, illness and disease, inadequate access to medical treatment, disability, and death. To the fullest extent permitted by law, I agree to indemnify, defend and hold harmless the Trip Organizers from and against any and all claims arising out of or resulting ( Œ } u u Ç ‰ Œ š ] ] ‰ š ] } v ] v š Z d Œ ] ‰ X ^ o ] u U _ • µ • ] v š Z ] • P Œ u v š U u loss, or expense, including, but not limited ] š š } š š } Œ v Ç [ • ( • U Œ • µ o š ] v P ( Œ } u u Ç ‰ Œ š ] ] ‰ voluntarily hold harmless the Trip Organizers from any and all claims, both present and future, that may be made by me or my family, estate, heirs or assigns. I hereby expressly agree to indemnify, defend and hold harmless the University for any claim arising out of or incident to my participation in the Trip, except for claims arising out of the sole gross negligence or willful misconduct of Andrews University, its officers or full-time employees. I understand and agree that this agreement is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, I agree that the remaining portion of this agreement shall continue in full force and effect.

I affirm that I have current medical insurance coverage and that such coverage is adequate to cover any injuries I might experience as a result of my participation in the Trip.

I understand that views expressed in venues associated with the Trip do not necessarily reflect the views of the Trip Organizers.

NOTE: This is a legal document that affects your legal rights. Your signature below signifies that you have read the

_____ _____
Signature of Parent/Legal Guardian Date

_____
Printed Name of Parent/Legal Guardian