

Student Travel Packet

Requirements for Traveling Students

Campus Activities and Orientation (CAO) requires that this packet be filled out by any and all Augsburg students attending off-campus trips and events. The packet includes the following:

- **Waiver and Release of Liability Form**
- **Emergency Contact Form**

After completing the above forms, **turn this Packet into Michael Grewe**, Assistant Director of CAO, via snail mail at Campus Box 75 or in person in Christensen Center, Room 1D.

For any questions regarding this form, or for more information about travel requirements and policies, please contact Campus Activities and Orientation at 612-330-1418.

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Waiver and Release of Liability Form

In consideration of my participation, I hereby forever release and covenant not-to- sue Augsburg College, the Augsburg College Board of Trustees, and any of their employees, instructors, volunteers, agents, and all others who are involved, from any and all present and future claims resulting from ordinary negligence on the part of the College or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in the _____ activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

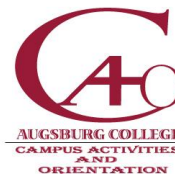
I hereby voluntarily waive any and all claims both present and future, resulting from ordinary negligence, that may be made by me, my family, estate, heirs, estate or assigns, and I relinquish on behalf of myself, spouse, heirs and assigns the right to recover for injury or death.

I am aware that the _____ is a vigorous activity that can involve severe cardiovascular stress and violent physical contact. I understand that the _____ involves certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury.

I further understand that participation in the _____ involves a particularly high risk of injury. In addition, I understand that participation in the _____ involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants.

I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.

I acknowledge that while the College will make every reasonable effort to minimize exposure to known risks, all stresses and hazards associated with this activity cannot be foreseen. I have a personal responsibility to follow safety rules and procedures established by _____ and will make them aware of any point in which I question my ability to participate in any activity.



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I further agree to indemnify and hold harmless Augsburg College and others listed for any and all claims arising as a result of my participation in _____ activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Minnesota.

I affirm that I am of legal age and am freely signing this agreement. **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which may be available to me for the ordinary negligence of Augsburg College or any of the parties listed above. I understand that this agreement is a binding legal document.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

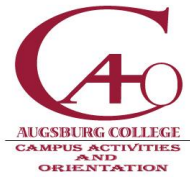
Name of Participant		Student ID #	
Signature of Participant			Date
Augsburg Email	Phone #	Campus Box #	

Name of Witness			
Signature of Witness			Date
Witness Address	City	State	Zip

IF PARTICIPANT IS A MINOR:

Name of Parent/Guardian	
Signature of Parent/Guardian	Date

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Emergency Contact Form

Please fill out the information below for up to three people we can contact in case there is an emergency while you are traveling.

Emergency Contact #1

Name		Relationship to Participant	
Day Phone	Evening Phone		
Address	City	State	Zip

Emergency Contact #2

Name		Relationship to Participant	
Day Phone	Evening Phone		
Address	City	State	Zip

Emergency Contact #3

Name		Relationship to Participant	
Day Phone	Evening Phone		
Address	City	State	Zip