

Student Activity Liability Waiver Form

I, (*print name*) _____, have independently investigated the nature of the activity which will take place (location) _____ during (*month(s)*) _____, 20____ in order to participate in a study, project, or recreational activity in association with Whitworth University. In consideration of the university permitting me to participate in this activity, I hereby agree to the following terms and conditions for my participation:

1. I am an adult, 18 years of age or older, and my participation is elective and voluntary.
2. I understand and acknowledge that this program entails various risks, including the risks of injury to or loss of property, personal injury and, in the worst case, death, whether from illness, accidents, terrorism, war or other causes. To the extent this study or project involves foreign travel; I also understand that travel advisories are available from the US State Department by calling (202) 647-5225 or online at <http://travel.state.gov/>.
3. I attest that I am physically and mentally fit to participate and that I do not have any medical condition that could be aggravated by my participation in this program, or if there is that I will work with the trip leaders to identify ways that I can participate safely.
4. I understand and agree that I am responsible for arranging my own health, accident and liability insurance. To the extent I have chosen to have such coverage, the insurers are identified on the Student Trip Medical Release Form.
5. I understand and agree that Whitworth University and any and all of its personnel associated with the study or project in which I will participate have not and cannot make available to me, my family, or my heirs and assigns promises or guarantees with regard to my health and safety or risks which I may incur as a result of my participation in the study or project.
6. As a condition of my participation in the study or project, I understand and agree that I hereby waive any and all claims arising out of, or in connection with, my travel to and from and/or my participating in this project or study that I, my family, my heirs or my assigns may otherwise have against Whitworth University and/or its personnel.
7. **I understand that if I am involved in an accident/incident and alcohol is involved, my health/travel insurance could be void. I also understand that pre-existing conditions and mental or emotional disorders may not be covered by my health/travel insurance.**
8. I also agree that this waiver shall be governed by Washington substantive law without regard to the principles of conflicts of law, and that any litigation related to the enforceability of this waiver or the _____ (*name of tour*), study or project in 20____ will be brought in the County of Spokane, State of Washington.

I have read this agreement and fully understand its terms. I am aware that this agreement includes a release and waiver of liability and an assumption of risk and indemnity. I understand I have given up substantial rights by signing this agreement, and sign it freely and voluntarily without any inducement.

Signed _____

Date _____

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STUDENT TRIP MEDICAL RELEASE FORM

Full Name _____ Today's Date _____
Address _____ Age _____ DOB _____
_____ Male _____ Female _____
Family Physician _____ Physician's Phone _____
State of your present health (circle one): Excellent Good Average Poor
Known Allergies _____
Known Medical Conditions/Ailments _____
Regular Medications _____
Dietary Restrictions _____

EMERGENCY CONTACT INFORMATION

Person to be notified in case of illness or emergency
Name _____ Relationship to student _____
Primary Phone Number _____ Cell Phone/Other Phone # _____

INSURANCE INFORMATION

To the extent that I have chosen to arrange for health, accident and/or liability insurance, the insurers are as follows:

| | Insurer 1 | Insurer 2 |
|------------------------|-----------|-----------|
| Type of insurance: | _____ | _____ |
| Name of Policyholder: | _____ | _____ |
| Insurance Co. Name: | _____ | _____ |
| Insurance Co. Address: | _____ | _____ |
| | _____ | _____ |
| Phone Number: | _____ | _____ |
| Policy Number: | _____ | _____ |
| Policy Period: | _____ | _____ |

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____ (name), do hereby authorize the representative of Whitworth University hereafter "the Agent," to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of the Agent in the event of my disability to give specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby authorize the medical facility, which has provided treatment to me to surrender my physical custody to the Agent upon completion of treatment.

Signed _____ Date _____