**TRAVEL ACKNOWLEDGEMENT/WAIVER FORM – FOR STETSON FIELD TRIP, EVENT, FUNCTION OR COURSE RELATED TRAVEL**

Stetson University sponsors field trips and special events for students as a means of providing a comprehensive and diverse learning environment. Field trip/event participants and leaders are expected to conduct themselves in a professional and positive manner as representatives of Stetson University. All students must adhere to and are responsible for knowing the Student Code of Conduct as part of their enrollment at Stetson University. Failure to follow operating guidelines, instructor/staff directives, and the Student Code of Conduct may result in disciplinary action. (Student Code of Conduct can be found in Connections: The Campus Life Handbook now available on the Stetson Intranet under the "Students" section)

**I. TRAVEL: Trip Director and/or Dept:**_____

**Name & Date(s) of Field Trip, Function and/or Course:**_____
_____ **("trip")**

**Special Activities/ Risks:** Vehicle Travel _____
_____(List any risks specific to this trip- ie: air travel, foot travel, certain physical or outdoor activities, equipment, special environments or exposures, etc)

This is to certify that _____ has full permission to, or has voluntarily agreed to:
(Student / Participant Name - Print)
Travel in a group or independently, off campus, within the United States, in connection with a field trip, function, event, or course of Stetson University, Inc. ("university").

**II. LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:**

I understand that participation in trip activities could involve risk of physical injury, illness, death or property loss, and despite safety precautions, the university cannot guarantee safety thereof, as all risks cannot be prevented. Stetson University, does not provide health and accident insurance for trip participants, and I understand that any medical expenses, property loss, or other personal expenditures that result during or from this travel/trip, are to be borne by the student/participant, or by their parent or guardian (if student/participant is a minor). I also hereby consent and give authorization to trip leaders to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

I further acknowledge that if I drive my own vehicle, or am a passenger in another's private vehicle in connection with this trip/function, that Stetson University's auto insurance does not cover such a private vehicle. I also understand that the University cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any non-sponsored activities and travel that I choose to participate in before, during or after the university sponsored function, and I therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

**In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this travel and the trip activities**, **and with full understanding of the above issues/conditions**, **I hereby release, indemnify and hold harmless Stetson University, Inc,** its faculty, staff, trustees, officers, and agents from all form and manner of risks inherent in such travel, and from all claims and demands of any nature arising from participation in said trip, event, or function.

_____ _____
Signature of Student/Participant Date Signature of Parent or Guardian Date
( needed if student/participant is a minor – under 18 )

_____ _____
Print Student/Participant Name Print Parent/Guardian Name

_____ _____
Signature of Witness for Student/Participant Signature of Witness for Parent/Guardian

Emergency Contact Name:_____ Phone:_____ (Rev- 4/05)