



UNIVERSITY OF THE INCARNATE WORD
FIELD TRIP RELEASE, WAIVER OF LIABILITY
AND HOLD HARMLESS AGREEMENT-
Voluntary Attendance

Please print and complete in full.

1. STUDENT PARTICIPANT
 Name _____
 Address (Street, City, State, Zip) _____

 Date of Birth _____ PIDM: _____
2. FIELD TRIP/ACTIVITY _____

3. DATE(S) _____
4. SPONSOR: _____
5. **EMERGENCY INFORMATION**
 Person(s) to contact in case of emergency: _____
 Home and work phone: _____ Cell phone _____
 Health Insurance Company and Policy Number: _____

Authority: I am a student at the University of the Incarnate Word (UIW) that will be participating in an activity or field trip offered by UIW. I understand that transportation may be provided by UIW and agree to be transported by UIW or by transportation arranged by UIW. I understand that my attendance is voluntary. I represent and acknowledge by my signature below that I am at least eighteen years of age and am fully competent to sign this Agreement. I acknowledge that I am signing this Release, Waiver of Liability and Hold Harmless Agreement on my behalf and I agree to be bound by the terms of this Release, Waiver of Liability and Hold Harmless Agreement.

Assumption of Risk: I acknowledge that the mode of transportation and nature of the field trip/activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and I accept all risk to my health that may result. I recognize and acknowledge that certain risks of harm are or may be inherent in the various activities contemplated herein and that the UIW cannot control all of these risks. I acknowledge there may be physically strenuous activities and certify by my signature that I am physically fit and able to participate. I agree that while participating in the field trip or activity, I will abide by the guidelines set forth in the UIW Student Code of Conduct and agree to adhere to all applicable rules, regulations, and laws while participating in the field trip or activity. I understand that UIW is not responsible for any medical expenses associated with any property or personal injury I may sustain.

Release: In consideration of UIW transporting me and permitting me to participate in the field trip/activity identified above, I release UIW, and its Board of Trustees, officers, employees, and representatives from any and all liability to me, my personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all loss of personal property, illness or injury to me, including my death, arising out of, resulting from, caused by, occurring during or in any way connected with the field trip/activity, including injuries caused by negligence of UIW and/or its Board of Trustees, officers, employees, and representatives, or any other participant in the field trip/activity that may be sustained by me while participating in such field trip/activity, or while on premises owned or leased by UIW.

Personal Insurance: I understand that UIW does not provide medical insurance for me. I am urged by UIW to maintain adequate personal health and accident insurance to cover any personal injury to myself which may be sustained while participating in this field trip or activity.

No alcohol consumption: I pledge that I will not possess, use, consume, or distribute any alcoholic beverages or illicit drugs at any time while participating in the field trip or activity.

Indemnity, Hold Harmless, and Waiver: I agree to indemnify and hold harmless, waive and covenant not to sue UIW, its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described field trip/activity. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE, WAIVER AND HOLD HARMLESS OF LIABILITY OF ALL CLAIMS AND CAUSES OF ACTION FOR ANY INJURY OR DEATH TO MYSELF THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED FIELD TRIP OR ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE ON THE DATE SIGNED.

Student Participant Signature: _____ Date Signed: _____