

**Hamline University**  
**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,**  
**AND INDEMNITY AGREEMENT**

*This form must be completed by all students participating in any academic or co-curricular program or activity requiring local or overnight travel. Additions may be included in this form that include more specific risks or dangers, depending on the nature of the activity.*

I, \_\_\_\_\_ **(Participant full name)**, hereby acknowledge that I have voluntarily elected to participate in the following Activity or Trip \_\_\_\_\_ **(Insert name of Activity)**, to be held in and around \_\_\_\_\_ **(Insert location)**, from \_\_\_\_\_ **(Insert dates)**. In consideration for being permitted by Hamline University to participate in the Activity, I hereby acknowledge and agree to the following:

**ELECTIVE PARTICIPATION:** I acknowledge that my participation is elective and voluntary. As a condition of my participation, I hereby grant Hamline University, its employees or agents, during my participation in the Program. I further understand and agree that Hamline University may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Program.

**RULES AND REQUIREMENTS:** I agree to conduct myself in accordance with Hamline University policies and procedures as outlined in the Student Travel Policy, I further agree to abide by all the rules and requirements of the Activity. I acknowledge that Hamline University has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Activity, or for any other reason at Hamline University's discretion.

**INFORMED CONSENT:** I have been informed of and I understand the various aspects of the Activity, including the dangers, hazards, and risks inherent in the Activity, including but not limited to transportation to and from via private vehicle, common carrier and/or Hamline University owned vehicle, participation in activities required of the program, overnight accommodations, weather conditions, conditions of equipment, facility conditions, negligent first aid operation or procedures, and in any independent research or activities I undertake as an adjunct to the Activity. I understand that as a Participant in the Activity I could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only Hamline University's actions or inactions, but also the actions, inactions, negligence or fault of others. I further understand and agree that any injury, illness, property damage, disability, or death that I may sustain by any means is my sole responsibility except for those occurrences do to Hamline University's gross negligence or intentional acts.

**RELEASE AND WAIVER OF LIABILITY:** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Hamline University, its governing board, directors, officers, employees, agents, volunteers and any students (hereinafter

referred to as “Releasees”) for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgements of any and every kind (including attorneys’ fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Activity, REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES’ GROSS NEGLIGENCE OR INTENTIONAL ACTS, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED. I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent acts.

**ASSUMPTION OF RISK:** I understand that there are potential dangers incidental to my participation in the Activity, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that there are potential risks as a consequence of, but not limited to: participation in activities related to the program, travel to and from the program via private vehicles, common carriers, and/or Hamline University owned vehicles, weather conditions, overnight accommodations, facility conditions, equipment conditions, first aid operations or procedures of Releasees, and other risk that are unknown at this time. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THEY ARISE FROM THE RELEASEES’ INTENTIONAL OR GROSSLY NEGLIGENCE ACTS, and I assume full responsibility for my participation in the Program.

**INDEMNITY:** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless, defend and indemnify the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys’ fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Activity, REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED BY THE RELEASEES’ GROSS NEGLIGENCE OR INTENTIONAL ACTS.

**PERSONAL MEDICAL INSURANCE:** I agree to purchase and maintain during the term of the Activity personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Activity.

**CERTIFICATION OF FITNESS TO PARTICIPATE:** I attest that I am physically and mentally fit to participate in the Activity and that I do not have any medical record of history that could be aggravated by my participation in the particular Activity.

**MEDICAL CONSENT\*:** I understand and agree that Releasees may not have medical personnel available at the location of the Activity. In the event of any medical emergency, I **(Initial one)** do \_\_\_\_\_ or do not \_\_\_\_\_ authorize and consent to any x-ray examination,

anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that Hamline University's personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

**CHOICE OF LAW:** I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Minnesota. I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.

**SEVERABILITY:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected.

**I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN I FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY MY SIGNATURE I REPRESENT THAT I AM OF LEGAL AGE CAPABLE OF CONSENT OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.**

**\*I have Initialed the Medical Consent section before signing this Agreement**

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Printed Name of Participant)

**Signature of Parent/Guardian of Participants Who Are Minors:**

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I join with Participant in granting a release to Releasees as set forth in detail above.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

**Received by:**

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of Hamline University Official)