

# Quinnipiac

UNIVERSITY

## Office of the Student Center and Student Leadership Development

### Trip Waiver Form

The undersigned desires to participate in a Quinnipiac University fieldtrip.

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Departure Location: \_\_\_\_\_

Return Date: \_\_\_\_\_ Estimated Return Time: \_\_\_\_\_

_____	_____	_____
Class Title	Course Number and section (ex. AR 101 A)	Instructor in Charge of the Trip

The undersigned hereby freely and expressly assumes all risk of injury or death or damage to person or property arising out of or in any way relating to the undersigned's participation in the trip; and the undersigned hereby waives, releases and forever discharged and agrees to indemnify and hold harmless Quinnipiac University, its trustees, officers, employees, and agents, of and from any and all action, causes of action, suits, damages, claims and demands whatsoever, which the undersigned may not have or may acquire arising from or in any way relating to the undersigned's participation in the aforementioned trip.

The undersigned states that he or she has obtained the age of eighteen (18) years and that the undersigned has read and understands the foregoing.

**If under the age of eighteen (18) a parent/guardian must sign.**

_____	_____
Name	Date

\_\_\_\_\_

Signature

_____	_____
Parent/Guardian (if under 18 years old)	Date

\_\_\_\_\_

Emergency Contact Name and Phone# (Required)

\_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name and Phone# (Optional)