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)

__________________________
2nd Emergency Contact Name and Phone# (Optional)