ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT OVERNIGHT TRIP

By signing my name below, I indicate that I choose to particip	
a multiple-day/overnight trip or tour that is scheduled to beg	in on (brief name of trip) and end on
(hereafter, the	"Trip"). On the Trip, students will
(brief description of	student activities)
The "Trip Sponsor" is (name of department, student organization, or other Units trustees, officers, employees, agents, volunteers, and assignment)	, ,,
I understand and agree that there are risks involved in the T limited to property damage and/or loss, transportation accompoisoning, uncomfortable accommodations, inadequate accommoda	cidents, physical exertion, injury, illness and disease, food cess to medical treatment, disability, and death. To the and hold harmless the Trip Organizers from and against any on in the Trip. A "claim," as used in this agreement, means cluding, but not limited to attorney's fees, resulting from my armless the Trip Organizers from any and all claims, both ily, estate, heirs or assigns. I hereby expressly agree to claim arising out of or incident to my participation in the e or willful misconduct of Andrews University, its officers or ment is intended to be as broad and inclusive as permitted.
I acknowledge that campus, local, national, and world events or cause the cancellation of the Trip and I agree and accept the respective portions of financial and other losses caused by an	nat I, and not the University, will be responsible for my
I affirm that I have current medical insurance coverage and the experience as a result of my participation in the Trip.	nat such coverage is adequate to cover any injuries I might
I understand that views expressed in venues associated with the Trip	p do not necessarily reflect the views of the Trip Organizers.
NOTE: This is a legal document that affects your legal rights. document carefully, that you understand it, and that you ag the Trip.	
I agree to the terms and conditions of this Assumption of Risk	and Hold Harmless Agreement.
Signature – Legal name	Date
Printed Legal Name	Name & Phone # of your Emergency Contact Person
If the student is under the age of 18, a parent/legal guardiar On behalf of my child/charge, I agree to the terms and condit. Agreement.	-
Signature of Parent/Legal Guardian	Date
Printed Name of Parent/Legal Guardian	