

**Travel Release & Waiver**

I, \_\_\_\_\_, desire to participate in the \_\_\_\_\_ [name of program/event] being sponsored by DePaul University ("DePaul") in \_\_\_\_\_ [location] on \_\_\_\_\_ [dates, including travel] (hereinafter the "Program"). I understand that this Travel Release & Waiver covers the entire time period of the Program, including travel to and from the Program.

I acknowledge that I am participating in the Program at my own free will and that that my decision to participate is not a requirement for completing a degree at DePaul. I acknowledge and appreciate that certain risks are inherent in participating in the Program. These risks include, but are not limited to, the risks of personal injury, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, risks of travel, acts of terrorism, negligent acts or omissions of myself or others (including DePaul University and its agents and students), or civil disturbances and disorders.

I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the Program. Should I become ill or injured, I give permission for DePaul University and its employees and agents to render first aid and to seek medical treatment or rescue services, as they see fit and at my cost. I am further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant to the Program will be my sole responsibility. I agree to be financially responsible for the cost of any medical, health and personal injury costs.

In consideration of my being allowed to participate in the Program, I personally assume all of the risks in connection with the Program, whether foreseen or unforeseen.

I HEREBY RELEASE, WAIVE, DISCHARGE AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, MEMBERS, FACULTY, EMPLOYEES, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, SUITS, LOSSES, LIABILITIES, JUDGMENTS, COSTS, FEES (INCLUDING ATTORNEYS' FEES) AND EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT OR ANY OTHER OCCURRENCE DURING THE PROGRAM, WHILE I AM TRAVELING TO OR FROM THE PROGRAM, OR ARISING OUT OF MY PARTICIPATION IN THE PROGRAM, INCLUDING EMERGENCY MEDICAL TREATMENT OR RESCUE SERVICES SECURED ON MY BEHALF.

I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY OWN ACTS OR OMISSIONS DURING THE PROGRAM, INCLUDING MY TRAVEL TO OR FROM THE PROGRAM.

I also acknowledge and fully understand that in the event I choose to extend my trip beyond the end of the Program, commence my trip prior to the start of the Program, or otherwise make any changes to the travel plans arranged for the Program, I will be fully responsible for any such travel arrangements. DePaul University accepts no responsibility for lodging, food, travel or other necessities occasioned by any changes made to the agreed upon travel plans or any extension thereof.

For the duration of the Program, I understand that I will act in accordance with the guidelines and policies set forth in the DePaul University Student Handbook as well as any rules or policies set forth by the sponsoring department/program. In the event that I fail to comply with the policies and guidelines outlined therein, I understand that I may be subject to the Student Conduct Process or other appropriate discipline.

I enter into this Travel Release & Waiver for myself, my heirs, my assigns and my legal representatives.

*In signing below, I certify that I AM AT LEAST 18 YEARS OLD and have read and fully understand the above.*

\_\_\_\_\_  
Participant Signature                      Printed Name                      Date

\_\_\_\_\_  
Emergency Contact Name                      Phone Number

*\*Parent/Guardian Signature is required for minor participants under the age of 18.*

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Parent/Guardian Signature                      Parent/Guardian Printed Name                      Date                      Relationship to Participant