

Student Acknowledgement for Official University Travel

In consideration for being able to participate in the event/activity listed on the attached Event Registration Form, the undersigned agrees to:

- Comply with the Arkansas Tech University Student Code of Conduct while participating in this sponsored event/activity on or off campus;
- Properly utilize safety equipment provided;
- Share responsibility for my personal safety and not endanger others who are participating in the event/activity;
- If applicable, obtain advance authorization from the proper Arkansas Tech officials to operate a State of Arkansas motor vehicle;
- Not consume alcohol or illegal drugs, distribute to minors, or improperly use legal drugs at any time during the event/activity, including travel to/from the event/activity or at the lodging site.

Student Liability Waiver

- I understand that participation in this event/activity is voluntary and that I am fully physically capable of participation;
- I acknowledge that I am voluntarily participating at my own risk. Due to the inherent nature of the
 event/activity, I understand there is a risk of injury in participating in the event/activity as well as traveling to
 and from the event/activity.

STUDENT acknowledges that the Activity is a potentially hazardous activity. STUDENT understands that while participating in this activity, he or she will be exposed to above-normal risks of injury and that although TECH has taken precautions to ensure that safety equipment for the activity is provided, it is impossible for TECH to guarantee absolute safety. STUDENT understands that he or she bears the responsibility for safety while participating in this activity and voluntarily assumes full responsibility for the risk of bodily injury, death, medical expenses, loss of income, or property damage while participating in this activity whether it is due to the active or passive negligence or otherwise of TECH. STUDENT acknowledges that he/she has a personal responsibility to follow established rules of safety, obey all laws, fully utilize any safety equipment provided for this activity, and to follow the instructions and commands of supervisors during participation in this activity. STUDENT also acknowledges that he or she has been fully advised of the potential hazards that may be incurred while participating in this activity, and that while it is impossible to foresee all dangers, some of the hazards that might occur include cuts, sprains, bruises, fractures, internal injury, disfigurement (permanent or otherwise), blindness, paralysis, suffocation, broken bones, and other serious or life-threatening injuries including death.

With all of these facts being known, STUDENT voluntarily agrees to indemnify, defend and hold harmless TECH from any and all actions, causes of action, claims, judgments, loss, liability, damage or costs (including attorneys' fees) that may occur as a result of STUDENT participating in the activity, whether caused by the active or passive negligence or otherwise of TECH. STUDENT expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Further, nothing in this document shall be deemed to waive the sovereign immunity of the State of Arkansas, Arkansas Tech University, its Board of Trustees, officers, organizations, employees, staff or agents. STUDENT attests and verifies that he or she is physically fit and sufficiently trained to participate in the Activity. STUDENT also gives permission to TECH for the free use of STUDENT'S name and/or pictures in broadcasts, telecasts, publications, and newspapers.

Student Medical Consent

In case of emergency, accident, or illness, I give my permission to be treated by a professional medical person
and be admitted to a hospital if necessary. I agree to be responsible for all medical expenses that are incurred
on my behalf.

participation in the event/activity and that I have read and understood each and every provision contained herein, and

By signing below, I acknowledge that I am at least 18 years of age, that I understand the risks associated with

Agree to each one.

Name (Please Print)

Signature

Date

Emergency Contact Information

Name:

Phone Number

Relationship

Date

Check here if you will not be returning to Arkansas Tech with the group and provide details below about your return plans:

For questions regarding this form, please contact the Department of Campus Life at 479.968.0276 or campuslife@atu.edu.

One copy of this form should be submitted to the group contact.

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