

**ON / OFF CAMPUS  
ARKANSAS TECH UNIVERSITY  
STUDENT LIABILITY WAIVER**

Arkansas Tech University will allow students to attend \_\_\_\_\_. The activity will begin \_\_\_\_\_ a.m. / p.m. on \_\_\_\_\_ and end \_\_\_\_\_ a.m. / p.m. on \_\_\_\_\_.  
Date Date

Location: \_\_\_\_\_

**Persons wishing to participate in TECH sponsored activities agree on the following that are applicable to the event.**

- I agree to abide by the Arkansas Tech University Student Code of Conduct as printed in Arkansas Tech University Student Handbook;
- Pay a fee of \$\_\_\_\_\_ (if applicable) for transportation, lodging, food, etc.;
- Sign the Emergency Contact Person list prior to the event when traveling to an off-campus event.
- Follow safety and other instructions provided by the university, and activity coordinators;
- Share responsibility for my personal safety and not endanger others who are participating in the activity;
- Operate and use equipment, tools and materials in a proper and safe manner. If my failure to act safely at all times result in injury, I may forfeit my rights to participate in the activity at the discretion of the Faculty/Staff Advisor or Contact Person;
- Immediately report all defective equipment and/or unsafe acts and dangerous conditions to an advisor person(s) in charge of the event/activity; and
- Operate a State of Arkansas motor vehicle only with TECH authorization in advance.
- **I agree not to use or possess alcohol or drugs at any time while traveling, lodging, or participating in this event/activity.**
- I understand that participation in this activity is voluntary and that failure to comply with this waiver or in any way bring discredit to the University or participants will terminate my participation.
- I acknowledge that I have the physical capacity reasonably necessary to engage in the activity described above.
- I acknowledge by attending this activity I am encouraged to have a physical examination in advance and obtain adequate personal health and accident insurance prior to participating in this event.
- In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be responsible for all medical expenses that are incurred on my behalf.
- I acknowledge that I am participating at my own risk. I understand that there is a risk of injury in participating in the following travel, \_\_\_\_\_, due to the inherent nature of the activity. By signing below, I acknowledge that I understand this assumption of risk and agree to the conditions listed above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date

See Emergency Contact Form for emergency contact person information.

**EMERGENCY CONTACT PERSON LIST**  
**ARKANSAS TECH UNIVERSITY SPONSERED OFF-CAMPUS EVENT**

**Instructions:** This form is to be completed by all participants/travelers, including the Contact Person. The original of this completed form(s) will be given to the University Police prior to leaving Arkansas Tech University. A copy of this completed form(s) will accompany the student or student group during the Off-Campus Event and will be maintained by the Contact Person.

EVENT NAME: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

LEAVE TECH: \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m./p.m. RETURN: \_\_\_\_/\_\_\_\_/\_\_\_\_ a.m./p.m.

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_____ Name	_____ Signature	_____ Date
_____ Emergency Contact Person	_____ Relationship	_____ Telephone

\_\_\_\_\_ I will not be returning to TECH with the group. I will be \_\_\_\_\_  
Initial (i.e. staying in Little Rock)

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_____ Name	_____ Signature	_____ Date
_____ Emergency Contact Person	_____ Relationship	_____ Telephone

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Emergency Contact Person Relationship Telephone

\_\_\_\_\_  
Initial I will not be returning to TECH with the group. I will be \_\_\_\_\_  
(i.e. staying in Little Rock)

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Emergency Contact Person Relationship Telephone

\_\_\_\_\_  
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(i.e. staying in Little Rock)

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Name Signature Date

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Emergency Contact Person Relationship Telephone

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(i.e. staying in Little Rock)

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Name Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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