

Student Acknowledgement for Official University Travel

In consideration for being able to participate in the event/activity listed below, 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 personal safety and not endanger others who are participating in the event/activity;
- If applicable, obtain advance authorization from the proper Arkansas Tech University 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.
- In consideration of **STUDENT** being permitted to engage in the event/activity of

_____ (name of event/activity and location; hereinafter “the Activity”) being sponsored by Arkansas Tech University, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **STUDENT**, for himself or herself, his or her spouse, legal representatives, heirs, next of kin, and assigns, **hereby forever releases, waives, covenants not to sue, and discharges, Arkansas Tech University**, its officers, Board of Trustee members, administrators, faculty, employees, agents, representatives, and/or staff members (hereinafter ATU) **from any and all liability to STUDENT, his or her spouse, legal representatives, heirs, next of kin, and assigns, for any and all loss, claims or damages that STUDENT may have or that may hereafter accrue, resulting from the death or injury to STUDENT**, whether caused by the active or passive negligence or otherwise of ATU, **while STUDENT is participating in the 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 ATU has taken precautions to ensure that safety equipment for the activity is provided, it is impossible for ATU 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 ATU. 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, voluntarily agrees to indemnify, defend and hold harmless ATU from any and all actions, causes of action, claims, judgments, loss, liability, damage or costs (including attorneys’ fees) that may occur as 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 ATU for the free use of STUDENT’S name and/or pictures in broadcasts, telecasts, publications, and newspapers.

Student Name (Please Print): _____

Student Signature: _____ **Date:** _____

If under 18 years of age, please provide the following:

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

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.

By signing below, I acknowledge that I am at least 18 years of age, that I understand the risks associated with participation in the event/activity, and that I have read and understand each and every provision contained herein, and agree to each one.

Student Name (Please Print): _____

Student Signature: _____ **Date:** _____

If under 18 years of age, please provide the following:

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact Information

Name of Emergency Contact (Please Print): _____

Relationship: _____

Phone Number: _____

*Must be a person who is not traveling with you.

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

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

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