

**ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT  
TRIPS, TOURS, AND SCHOOL ACTIVITIES  
ANDREWS ACADEMY 2025-2026**

By signing my name below, I indicate that I choose to participate in Trips, Tours, and School Activities approved by **Andrews Academy's** board/administration and announced in the official school calendar or other official school publications. I understand that a permission slip will be provided for Trips, Tours, and off-site School Activities, and I intend for this broad hold harmless agreement to apply to all Trips, Tours, and School Activities for which I am given permission to attend. The "Trip Sponsor" is **Andrews Academy**. The "Trip Organizers" are Andrews University, its trustees, officers, employees, agents, volunteers, and assigns.

I understand and agree that there are risks involved in the Trips, Tours, and School Activities, and I hereby accept any and all risks, including but not limited to property damage and/or loss, transportation accidents, physical exertion, injury, illness and disease, inadequate access to medical treatment, disability, and death. To the fullest extent permitted by law, I agree to indemnify, defend and hold harmless the Trip/Tour/Activity Organizers from and against any and all claims arising out of or resulting from my participation in the Trips, Tours, and School Activities. A "claim," as used in this agreement, means any claim, suit, action, damage, financial loss, or expense including, but not limited to, attorney's fees, resulting from my participation in the Trips, Tours, and School Activities. In addition, I voluntarily hold harmless the Trip Sponsor and Trip Organizers from any and all claims, both present and future, that may be made by me or my family, estate, heirs, or assigns. I hereby expressly agree to indemnify, defend, and hold harmless the Trip Sponsor and Trip Organizers from and against any claim arising out of or incident to my participation in the Trips, Tours, and School Activities, except for claims arising out of the sole gross negligence or willful misconduct of Andrews University, its officers, or full-time employees. I understand and agree that this agreement is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, I agree that the remaining portion of this agreement shall continue in full force and effect.

I affirm that I have current medical insurance coverage and that such coverage is adequate to cover any injuries I might experience as a result of my participation in the Trips, Tours, and School Activities.

I understand that views expressed in venues associated with the Trips, Tours, and School Activities do not necessarily reflect the views of the Trip/Tour/School Activity Organizers.

***Note: This is a legal document that affects your legal rights. Your signature below signifies that you have read the document carefully, that you understand it, and that you agree with its terms as a prerequisite to any participation in the Trips/Tours/Activities.***

*I agree to the terms and conditions of this Assumption of Risk and Hold Harmless Agreement.*

\_\_\_\_\_  
Student Signature – Legal Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed First and Last Legal Name

\_\_\_\_\_  
First & Last Name of Emergency Contact & Phone Number

**A parent/legal guardian must sign below.**

*On behalf of my child/charge, I agree to the terms and conditions of this Assumption of Risk and Hold Harmless Agreement.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed First and Last Name of Parent/Legal Guardian

US health insurance is required to participate. Include a copy of the front and back of your Health Insurance Card with this waiver. Canadian residents only require US Health Insurance for Overnight Trips - not Day Trips.

I am a Canadian Resident : \_\_\_\_\_ (initials)