

**ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT
MULTIPLE DAY TRIPS FOR CLASSES AND GROUPS**

By signing my name below, I indicate that I choose to participate in the day trips listed on the back of this form as part of _____, (hereafter, the "Trip"). On the Trip, students will
(Name of Course or Group)

(brief description of student activities)

The "Trip Sponsor" is _____. The "Trip Organizers" are Andrews University, its trustees, officers, employees, agents, volunteers, and assigns.
(name of department, student organization, or other University entity)

I understand and agree that there are risks involved in the Trip 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 Organizers from and against any and all claims arising out of or resulting from my participation in the Trip. 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 Trip. In addition, I voluntarily hold harmless the 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 University for any claim arising out of or incident to my participation in the Trip, 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 Trip.

I understand that views expressed in venues associated with the Trip do not necessarily reflect the views of the Trip 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 Trip.

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

Signature – Legal Name

Date

Printed Legal Name

Emergency contact & phone number

If the student is under the age of 18, 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 Name of Parent/Legal Guardian

**ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT
MULTIPLE DAY TRIPS FOR CLASSES AND GROUPS – Continued**

Name of Class/Group: _____

Travel Group Leader's Name _____

Date of Trip

Destination

City & State