

UNION UNIVERSITY EVENT PARTICIPATION/TRAVEL FORM:  
MEDICAL PERMISSION  
RELEASE AND WAIVER OF LIABILITY  
PHOTOGRAPH RELEASE

1. Waiver and Release. This form serves to ensure that the participant understands that this trip and/or event is a voluntary activity and has asked about risks associated with the trip and/or event. The student understands that Union University, (Jackson, Tennessee and regional campus sites), the event chaperone and all other employees, agents or students participating in this activity should not be held liable for accidents that may occur during this event. Therefore, the undersigned student and/or guardian do hereby release and forever discharge and hold harmless Union University, Jackson, Tennessee, the event chaperone and all other employees, agents or students participating in the activities and practices of the (\_\_\_\_\_) from any and all liability, claims and demands of whatever kind or nature, which may arise as a result of student participation in the (\_\_\_\_\_).

Student and/or guardian agree that this Release discharges Union University and all persons acting as agents of the University from any liability or claim that the student and/or guardian may have against the University with respect to any bodily injury, illness, death, property damage or any other damages of any nature, whatever the cause of such claims. Union University does not assume any obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance or benefits in the event of injury or illness.

2. Medical Treatment. The student (and/or guardian) will permit employees, agents or student volunteers of Union University to arrange for emergency medical, surgical or dental care and treatment necessary to preserve the health of student. The student (and/or guardian) agree to be responsible for all charges incurred in connection with any care and treatment obtained for the student. By signing this form, the student and/or guardian agree to accept the decision of the Union employee with regard to treatment and be personally responsible for the charges. Student and/or guardian do hereby release and forever discharge Union University and its agents, employees and volunteers from any claim whatsoever that may arise on account of any first aid or medical treatment rendered to student by any employee, agent, or fellow student of Union University, or on account of the decision by any employee, agent or student of Union University in the exercise of any power granted to them to consent to medical or dental treatment.
3. Assumption of the Risk: All travel and trips have some level of risk by the very nature of travel. The student is responsible for obtaining from the trip leader information about particular risks on this trip (e.g. medical risks if traveling to certain areas, working with machinery, weather concerns depending on season or area, higher risk for injury with events such as slip and slide, safety risks for example in urban settings). The student participant is aware that this is a voluntary activity and the nature of the activity has inherent risks. It is the responsibility of both leaders and student participants to work together to create a safe working environment and work together for the protection of the

group. Therefore, student and/or guardian hereby expressly and specifically assume the risk of injury, damage or harm related to any activities or trips student may participate in with the (\_\_\_\_\_).

4. Insurance. The student (and/or guardian) understand that Union University does not carry or maintain health, medical or disability insurance coverage for the student. Each student and university participant is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. Photographs. I give Union University and any of its affiliates or assigns permission to use photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in promotional materials.
6. Continuing Release. This release/permission form shall continue to be in effect for one year after the date of this release, unless student or guardian has hand-delivered a written revocation of this release to Dr. Bryan Carrier, Acting Dean of Students, at least 7 days prior to the effective date of the event.

\_\_\_\_\_  
Student Signature      Month/Day/Year

\_\_\_\_\_  
Printed Name & Student ID Number

\_\_\_\_\_  
Emergency Contact Name & Number

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Student Signature      Month/Day/Year

\_\_\_\_\_  
Printed Name & Student ID Number

\_\_\_\_\_  
Emergency Contact Name & Number

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Student Signature      Month/Day/Year

\_\_\_\_\_  
Printed Name & Student ID Number

\_\_\_\_\_  
Emergency Contact Name & Number

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Student Signature      Month/Day/Year

\_\_\_\_\_  
Printed Name & Student ID Number

\_\_\_\_\_  
Emergency Contact Name & Number

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)