Elizabethtown College
Off-Campus Field Trip/Event—Assumption of All Risks, Release & Indemnification (for Guests)

I, _____, hereby acknowledge that my participation in

_____ at _____ on _____,

and all activities related thereto, including without limitation transportation, dining, and lodging, as appropriate, is voluntary. I further agree that my participation in the event/field trip identified above is a courtesy extended by Elizabethtown College (the "College") and that I am a guest, but not an invitee, of the College.

RECOGNITION OF AND ASSUMPTION OF RISKS. I acknowledge that I am fully aware of and accept all risks, known and otherwise, related to this event/field trip, including but not limited to the risk of personal injury, up to and including death, as well as all other risks to my health, safety, well-being, and property. Despite these risks, I voluntarily elect to participate in this event/field trip.

PROMISE TO BEHAVE RESPONSIBLY. In consideration of the permission granted to me by the College to participate in this event/field trip, I will conduct myself in a responsible, reasonable, manner at all times in any activity related to the event/field trip, including by complying with all applicable laws. Further, I understand that the College may, at its sole discretion, require me to leave the event/field trip at my own expense if the College deems it necessary, including if my behavior does not comply with the standards of conduct expected by the College. I agree that any money that I have paid to attend the event/field trip will be forfeited under these circumstances.

INJURY OR ILLNESS. I understand and agree that the College may not have medical personnel at the location of the event/field trip, including any activity related to the event/field trip. I grant permission to the College to authorize emergency medical treatment, if needed, and in the event that I am unable to consent to such treatment. I agree that the College assumes no responsibility for any injury or illness as a result of any medical treatment authorized on my behalf. I further agree that I have health insurance and that, if I become injured or ill as a result of my voluntary participation in this event/field trip, I will submit to my health insurer all medical bills and other costs related to my health.

RELEASE AND INDEMNIFICATION.
For myself and any person who may claim through me or in my stead, and in exchange for and in consideration of the College allowing me to participate in this event/field trip and all activities related to it, including but not limited to travel, I assume all risks, known or otherwise, of injury associated with the event/field trip and related activities. I agree to release, hold harmless, and indemnify the College, its Board of Trustees, officers, agents, administrators, employees, and independent contractors from any and all liability, actions, causes of action, claims or demands of any nature whatsoever, including without limitation negligence, that may result from my participation in the event/field trip, including travel or any other related activity.

_____ _____ _____
Guest Signature Date Date of Birth

The undersigned parent or legal guardian of the above-named guest, a minor, hereby consents to the participation of the student in the event/field trip named above subject to above terms.

_____ _____
Signature of Parent/Guardian(If Guest is under 18 years of age) Date