



MODEL RISK ASSESSMENT AND RELEASE FORMAT FOR UNIVERSITY SPONSORED ACTIVITIES

To: ()
From: ()
Re: Risk Assessment and Release
Date: ()

The purpose of this memorandum is to inform you of certain risks and responsibilities that you will be assuming as a participant in the program to () on ()
(INCLUDE THE FOLLOWING IF APPLICABLE): Although designed to enhance your general education, participation in this trip and program is entirely voluntary and is not required as part of any academic program or course. Longwood University's role in this trip is primarily to facilitate its organization. The University is not a tour agent or tour promoter.

I. RISKS AND DANGERS

a. There are the normal dangers found in any type of travel and tourist activities including, but not limited to, transportation delays or accidents, accommodation mishaps, victimization by criminal activity, and illness. LIST OTHER RISKS OR DANGERS PARTICIPANTS MAY ENCOUNTER WITH AS MUCH SPECIFICITY AS POSSIBLE (i.e. high risk activities, high crime, visiting areas with inferior health and sanitary conditions, political instability, etc.). Please consider these risks and dangers carefully before deciding to continue with the trip. Please initial here to indicate that you have read and fully understand this paragraph: _____.

II. ADMINISTRATIVE INSTRUCTIONS AND INFORMATION

a. Prior to your departure, an orientation session will be conducted to provide you with information on the trip. I urge you to pay careful attention and follow any instructions very closely.

b. Transportation to and from () and travel while at () will be the responsibility of ().

c. Accommodation arrangements for the trip are as follows: []

d. () will be accompanying the group on the trip and will act as a coordinator [organizer] for the group in making () Otherwise, participating students will be unsupervised.

III. HEALTH INSURANCE, EMERGENCY INFORMATION, AND AUTHORIZATION

- a. Students are responsible for providing their own health insurance.
- b. The following person should be contacted in case of emergency:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

- c. If you become injured or ill while participating in the program, you authorize (_____) to act on your behalf in obtaining medical treatment. Please be advised that you are fully responsible for all expenses incurred for any medical care you receive during the program.

IV. RELEASE AND WAIVER

Longwood University assumes no responsibility or liability for any injuries to your person or property caused by the acts or omissions of others during transportation. Further, Longwood University makes no recommendations or guarantees as to any travel agencies or lodging and transportation providers you may deal with in making your travel arrangements. To protect yourself from these types of losses, you may wish to purchase appropriate insurance.

By signing this form you are acknowledging that you have been informed about certain risks and responsibilities involved in this program and that you are knowingly and voluntarily assuming them.

By signing this form you also agree, for yourself, your heirs and assigns, to release and hold harmless Longwood University, its employees and agents, from any legal claim or liability for any bodily injury and personal property damage that is caused to you by the negligent act or omission of third parties while you are participating in the program.

Signed: _____ Date: _____

If the participant is under 18, a parent or legal guardian must also sign.

Signed: _____ Date: _____