

Southwest Minnesota State University
Student Travel Waiver & Release Form

Travel Location: _____ Course Name & #: _____

Date: _____ Birth date: _____ SMSU Student ID# _____

Name: _____ Local/Campus/Cell Phone: _____

Local/Campus Address: _____ City/State/Zip _____

Permanent Address: _____ City/State/Zip _____

E-Mail Address: _____ Citizenship: _____

Name of Health Insurance Company: _____

Health Ins. Policy Number: _____

In case of emergency, notify _____
(Name, Relationship, Address, Phone Number)

Release Form

1. **Failure to complete this form will exclude you from going on the trip. Return to Christy Johnson in Business Services**
2. The undersigned participant releases Southwest Minnesota State University, its directors, officers, agents and employees, from any and all claims of whatever nature for any injury, loss, damage, illness, accident, delay, unusual circumstances or expense due to strikes, war, weather, illness, quarantine, government restrictions or regulations, improper documentation or due to any act or omission of airlines, railroad or bus companies, transportation in general, hotels, restaurants, host families, or any other service offered by companies, individuals, or agencies, or anyone related to the aforementioned.
3. It is further agreed that Southwest Minnesota State University, its employees and agents shall have full authority to take whatever action they deem necessary to safeguard the health, safety and well-being of the participant. Such authority shall include authorization to secure medical treatment (including surgery) from local medical personnel and medical institutions or to send the participant home for such treatment. It is agreed that costs other than those covered by insurance shall be paid by the participant.
4. Southwest Minnesota State University reserves the right to alter the itinerary and to adjust costs to reflect changes of any sort beyond the control of Southwest Minnesota State University, such as any changes in exchange rates, airline costs, etc. Southwest Minnesota State University also reserves the right to cancel programs due to insufficient participation or to other circumstances beyond its control.
5. The undersigned agrees to abide by all rules, regulations, policies, state and federal statutes within the location to where they travel. Ignorance of laws is not accepted as an excuse by local authorities. Each participant assumes the responsibility for the consequences of his or her actions.
6. Southwest Minnesota State University reserves the right to terminate a person's participation for failure to make payments on schedule. In such cases, all cancellation fees remain in effect.

By my signature below, I certify that I have read this document and all the other information regarding this program and that I agree to the general conditions for participation. I accept the payment schedule and the cancellation policy. I further state that I am of the legal age of 18 years and am legally competent to sign this release.

Participant: _____ Date: _____

Representative of S.M.S.U.: _____ Date: _____

Notice: If participants is under the age of 18, his or her parent or legal guardians must sign:

I, (printed name) _____ am, the parent or legal guardian of the participant who has signed above. I have read and understand the provision of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Travel Waiver and Release Form.

Signature of Parent or Legal Guardian (date)