

Student Travel Release Form

I understand and agree that university-related activities of Southeast Missouri State University (including travel for these activities) involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Southeast Missouri State University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Southeast Missouri State University, I hereby expressly and knowingly **RELEASE SOUTHEAST MISSOURI STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF SOUTHEAST MISSOURI STATE UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF SOUTHEAST MISSOURI STATE UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

I hereby understand that the cost of any medical treatment for any of the situations listed above will be my responsibility.

SIGNATURE: _____ **DATE:** _____
(PARTICIPANT)

If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Southeast Missouri State University from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant or Southeast Missouri State University.

SIGNATURE: _____ **DATE:** _____
(PARENT OR GUARDIAN)