

**WEST VIRGINIA UNIVERSITY INSTITUTE OF TECHNOLOGY
STATEMENT OF RISK AND RESPONSIBILITIES, RELEASE,
AND AUTHORIZATION FORM FOR TRAVEL**

Dear Participant,

Thank you for your interest in the event described below. Before participating, you must read, understand, and sign this form. It tells of some, but not all, of the risks you will face by choosing to participate. Additionally, by signing below you are releasing West Virginia University and the Board of Governors of West Virginia University Institute of Technology (WVUIT) and others from all responsibility and liability for any injuries you might suffer or damages you might incur. This document substantially affects your legal rights. Please read it carefully and consult an attorney if you do not fully understand it.

1. Name, Information, and Event

I, _____ (print name), desire to participate in the following event: _____ (Program).

The Program is currently scheduled to begin on _____ and to end on _____.

My Student ID (700) Number is: _____.

My cell phone number is _____. I agree to permit the appropriate WVUIT representatives to contact me on my cell phone regarding the Program.

2. Risks and Responsibilities

I understand there are the normal risks and dangers found in any type of travel, including, but not limited to, transportation delays or accidents, accommodation issues, victimization by criminal activity, illness, and general mishaps. Additionally, I understand and acknowledge that WVUIT assumes no responsibility or liability, in whole or in part, for any of the dangers to my own health and personal safety posed by sickness, disease, injuries (including death), weather, strikes, acts of God, war, quarantine, civil unrest, public health risk, criminal activity, violence, terrorism, or other circumstances beyond the control of WVUIT. Thus, I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel to, from, in or around _____.

3. Termination and Other Discipline

I understand that failure to follow and abide by these and any other WVUIT policies and procedures, applicable laws and regulations, or any other behavior deemed unsuitable for purposes of the Program, shall constitute grounds for terminating my participation in the Program, and further disciplinary or other action may be appropriate.

4. Health Insurance, Medical Authorization and Emergency Information

I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses, including those I sustain or experience in the locality where I will be staying/traveling while on the Program. I agree to report to WVUIT at the time of my execution and delivery of this form any physical or mental condition I have which may require special medical attention or accommodation during the Program.

Additionally, I consent to any medical treatment that I may require during the Program or as a consequence of my participation in it. I accept full responsibility for the costs of any medical care I might receive during the Program or as a consequence of my participation in it.

The following person should be contacted in case of emergency:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

5. General Release, Waiver of Rights, and Agreement Not to Sue

I understand that WVUIT reserves the right to make changes to the Program at any time and for any reason, with or without notice, and WVUIT shall not be liable for any loss or additional expense to me by reason of any such cancellation or change. Further, I understand and acknowledge that WVUIT assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, bus, or vehicle rental reservations, personal vehicle, missed carrier connections, bankruptcies of service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond WVUIT's control, with or without notice, or for any additional expense occasioned by any of the foregoing.

To the extent allowable by law, I hereby WAIVE any claim I may have at any time based on my participation in the Program. Specifically, I hereby RELEASE, DISCHARGE, and AGREE NOT TO SUE the State of West Virginia; West Virginia University, including any component of the University, and its Board of Governors, officers, employees, students and agents; medical personnel, whether provided by WVUIT or not; and the heirs, predecessors, successors, and assigns of all of the persons and organizations listed here. I fully release all of these persons and organizations from any liability whatsoever in exchange for my permission to participate in the Program. My waiver of rights includes giving up any claim that I may have, and any claim that any other person may have based on my participation in the Program, including, but not limited to, parents, spouses, children and other relatives; my estate, personal representative or guardian; and insurers. My waiver releases all of the persons and organizations listed here from all liability, claims, demands, causes of actions, losses or damages, whether known or unknown, for bodily or personal injury or death, or damage to or loss of property, or any other injury, damage or loss of any kind, resulting from, arising out of, or in any way related to my participation in the Program, including any claim based on actual or alleged negligence, gross negligence, intentional, or reckless behavior.

6. Minor Children

I understand that no minor child (a person under the age of 18 as of the date of the Program) may participate in the Program without the permission of a parent or guardian. If I am signing this form for a minor child, I understand that all of the releases, authorizations, and statements made in this document apply to me and my child, and I consent to my child's full participation in the Program.

7. Severability

I understand that every provision of this form is severable. If any term or provision hereof is held to be illegal, invalid, or unenforceable for any reason whatsoever, such illegality, invalidity, or unenforceability shall not affect the validity of the remainder of the form.

I understand and hereby acknowledge that my participation in the Program is wholly voluntary. Further, I have read this form in its entirety and I understand it fully. By signing it, I agree to all the terms of this document.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If under the age of 18)