



**ROOSEVELT UNIVERSITY-SPONSORED STUDENT TRAVEL  
ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

***DOMESTIC TRAVEL/EVENTS***

**Please read this form carefully and be aware that by signing this form and participating in this university-sponsored student travel, you will be waiving and releasing any and all claims that may arise as a result of your participation in the university-sponsored student travel.**

Student's Name: \_\_\_\_\_  
(First) (Last)

RU Student I.D.#: \_\_\_\_\_

Date(s) of Travel: 19 April - 1 May 2019

Summary of Itinerary and Destination(s): SUST 230 Food field trips to Windy City Harvest, (Chicago), Angelic Organics (Caledonia IL), and Growing Home (Chicago) Farms

RU Sponsor(s): Profs. Vicki Gerberich & Mike Bryson

Name of RU faculty-led program, if applicable: Sustainability Studies

If a parent/guardian signs this form because the participant is a minor or is otherwise not authorized to enter into a contract, it is understood and agreed that the parent/guardian is making all acknowledgements and affirmations on behalf of the participant, and the parent/guardian's signature hereto shall bind both the participant and the parent/guardian.

As a participant in a university-sponsored student travel described above (hereinafter the "Travel"), I recognize and acknowledge that there are certain risks of injury, property damage, loss, emotional distress, and/or death that may arise from my participation. I further recognize and acknowledge that Roosevelt University ("Roosevelt") and Travel sponsors/organizers cannot and do not guarantee my safety; ensure that American standards of due process will apply in foreign legal proceedings; assume responsibility for my actions or the actions of individuals who are not employed by Roosevelt or the Travel sponsors/organizers; or assume responsibility for situations arising due to my failure to disclosure pertinent information.

I affirm that my health is good, that I am fit to participate in any activities presented on this Travel. By participating in this Travel, I voluntarily assume the risk of injury, property damage, loss, emotional distress, and/or death, including any medical or other costs associated therewith. I hereby release, waive, discharge and covenant not to sue Roosevelt University or any cooperating institution, or their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns, and successors (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action for any loss, damage or injury, including death, that may be sustained by me or my family, or to any property belonging to me or my family, whatsoever arising out of, related to, or in any way connected with the traveling to or participation in the above-described Travel . I, and my agents, representatives, assigns, heirs and successors hereby agree to indemnify, defend, and hold harmless Releasees from and against any and all liabilities, losses, claims, demands, liens, damages, penalties, fines, interest, costs and expenses, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of injury, property damage, loss, emotional distress, and/or death arising out of, in connection with, or in any manner related to the traveling to or participation in this Travel . It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

I also acknowledge and fully understand that in the event I choose to extend my travel beyond 1 May 2019 (end date of Program, including travel) or commence my travel prior to 19 April 2019 start date of Program, including travel) or otherwise make any changes to the travel plans arranged for the Program, I will be fully responsible for any such travel arrangements. Roosevelt University accepts no responsibility for lodging, food, travel, or other necessities occasional by any changes made to the agreed upon travel plans or any extension thereof.

I have carefully read this release and fully understand its contents. I am aware that by signing this document, I am waiving my right to sue Roosevelt University and any cooperating institution, and their respective trustees, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns and successors. This release is complete and signed of my own free will. I am aware that this release is a contract between myself and Roosevelt University. I certify that I have the legal authority to enter into this contract.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(If student is under 18 years old)

\_\_\_\_\_  
Date



## ROOSEVELT UNIVERSITY-SPONSORED STUDENT TRAVEL HEALTH AND MEDICAL AUTHORIZATION FORM

If a parent/guardian completes and signs this form because the participant is a minor or is otherwise not authorized to enter into a contract, it is understood and agreed that the parent/guardian is making all certifications and authorizations in the place of the participant, and the parent/guardian's signature hereto shall bind both the participant and the parent/guardian.

I, \_\_\_\_\_, certify that all responses made on this health and medical authorization form are true and accurate, and I will notify *[insert appropriate office or administrator here]* of any relevant changes in my health that may occur before departure.

I acknowledge and agree that Roosevelt personnel shall not be responsible for holding, keeping track of, or administering any medications, whether prescription or over-the-counter, during this university-sponsored student travel, and that such obligations shall be solely my responsibility.

In the event of my illness or injury during the university-sponsored student travel, I hereby authorize Roosevelt personnel to take me to the nearest hospital or emergency care facility. In such instances, Roosevelt or emergency personnel should attempt to contact:

\_\_\_\_\_  
Emergency Contact #1 (Relation) Phone

\_\_\_\_\_  
Emergency Contact #2 (Relation) Phone

I further authorize Roosevelt or emergency personnel to contact my primary care physician in the event of an emergency:

\_\_\_\_\_  
Primary Care Physician Phone

I acknowledge that any emergency and/or medical expenses incurred are my responsibility, not Roosevelt's, while on such travel. Regardless of my insurance coverage, I hereby agree to assume sole responsibility for any and all expenses incurred as a result of my emergency and/or medical care.

\_\_\_\_\_  
Name of Participant (or Parent) Signature of Participant (or Parent) Date

**PLEASE RETURN COMPLETED FORMS TO:**

**Designated travel/event program coordinator**



## CONFIDENTIAL HEALTH INFORMATION FORM

*This form is to be completed by the applicant.*

The purpose of this form is to help the Roosevelt University Domestic or International Travel Programs be of maximum assistance to you in attempting to address your needs prior to departure and in ascertaining whether your needs can be accommodated in the host country(ies). It is important that the program personnel be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. Mild physical or psychological disorders can become more serious when subjected to the stress of traveling and studying abroad. The information you provide will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The University may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

Yes\_\_ No\_\_ 1. Are you generally in good physical condition? (If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_ No\_\_ 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_ No\_\_ 3. Do you have any allergies? (If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_ No\_\_ 4. Are you taking any medications? (If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_ No\_\_ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_ No\_\_ 6. Are you a vegetarian or are you on a restricted diet? (If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Yes\_\_ No\_\_ 7. Is there any additional information (concerning medical conditions or disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I certify that all responses made on this Health Information form are true and accurate, and I will notify the Office of any relevant changes in my health that occur prior to the start of the program.

**Signature of the applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_