



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

IRU RXW RI VWDWH RYHUQLJKW RU LQWHUQDWLRQ

Domestic and International Travel

Please read this form carefully and be aware that by signing this form and participating in 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.

First Name/ _____

Last Name/ _____

RU Student ID# _____

Dates of Travel _____

Summary of Itinerary and Destination(s):

RU Sponsor(s): _____

Name of RU faculty/ed program if applicable _____

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 participant and the parent/guardian.

As a participant in a university-sponsored student travel program, I hereby 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 standards of due process will apply in foreign legal proceedings; assume responsibility for 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 disclose pertinent information.

