RELEASE AND INDEMNIFICATION AGREEMENT FOR ADULT STUDENTS

STUDENT: (Name and Address)	INSTITUTION:
	- Parker University
	- 2540 Walnut Hill Lane
	Dallas, TX 75229 (214)902-2422
DESCRIPTION OF ACTIVITY OR TRIP:	
LOCATION:	DATE(S):
I, the above named student, am 18 years of a or trip. I acknowledge that the nature of the	age or older and have voluntarily applied to particiapte in the above activity activity or trip may expose me to hazards or risks that may result in my stand and appreciate the nature of such hazards and risks.
In consideration of my participation in the act that may result from such particiaption.	ctivity or trip, I hereby accept all risk to my health and of injury or dealth
employees, and representatives, in their ind representatives, estate, heirs, next of kin, a to my property and for any and all illness or	on, its governing board (Parker University Board of Trustees), officers, dividual and official capacities, from any liability to me, my personal and assigns for any and all claims and causes of action for loss of or damage injury to my person, including my death, that may result from or occur p, whether caused by negligence of the institution, its governing board, terwise.
Board of Trustees) officers, employees, and i	ess the above-named insitution and its governing board (Parker University representatives, in their individual and official capacities, from liability for large to property that may result from my negligent acto or omission while
or death or damage to my property that occ	nderstand it to be a release of all claims and causes of action for my injury curs while particiapting in the described activity or trip and it obligates me ility for injury or death of any person and damage to property caused by
Signature of Student	Date
Witness	

EMERGENCY INFORMATION/CONTACT FORM

Student's Name:					
Emergency Contact Information (In case of an emergency, the following person will be notified):					
Name: Relationship					
Street					
City	State	Zip Code			
Email address(s)					
In case of emergency call:	Home:				
	Work:				
	Cell:				
Health Insurance Information					
Does student carry his/her ov	wn policy?	If so, list the insurance carrier and insurance nu	mber below;		
Insurance Carrier:					
Insurance Number:					
If the student does not carry his/her own policy, is the student covered on parent or legal guardian's insurance policy?					
If so, list the parent or legal guardian's insurance carrier and insurance number below;					
Insurance Carrier:					
Insurance Number:					

PARTICIPANT RESPONSIBILITY FORM

Participant(s) should:

- 1. Read and carefully consider all materials and/or information provided by the adviser or the responsible university official (RUO) that relates to safety, health, legal, environmental, political, cultural, and/or religious conditions in the area where you will be going.
- 2. Make available to the adviser or RUO accurate and complete physical and mental health information and any other personal date that is necessary in planning for a safe and healthy trip.
- 3. Assume responsibility for all the elements necessary for personal preparation for the program and participate fully in orientation
- 4. Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
- 5. Understand and comply with the terms of participation, student code of conduct, and emergency procedures for the program and obey the law. Remember, use of possession of weapons, alcohol, or illegal drugs is forbidden while traveling on a university sponsored trip.
- 6. Beware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express health or safety concerns to the staff adviser or RUO.
- 7. Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.
- 8. Accept responsibility for your own decisions and actions.
- 9. Follow the program policies or keeping program staff informed of participant's whereabouts and wellbeing.

I understand the requirements and conditions state herein, and I agree to abide by program and university regulations.

Printed Name	Signature	Date