

UNIVERSITY OF SOUTHERN MISSISSIPPI

Student Group Travel Release Form

(For students who are age 18 and over)
email compliance@usm.edu for forms for Minors

Name of Event/Title of Event ("The Event"): _____

Organizing Department ("Department"): _____

Event Date(s) ("Event Dates"/"Event Period"): _____

Location ("The Location"): _____

Nature of Event: Voluntary Required

Name of Participant ("The Participant"): _____

Cell Phone #: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number (cell, work, etc.): _____

Drug Allergies:

Please inform the University of Southern Mississippi ("USM"/ "The University") personnel of any medical conditions that may not permit and/or hinder you from/while participating in this event. Provide additional information here if possible:

Travel Selection

- I am traveling in the provided Event transportation.
- I am driving myself in a private vehicle (initial next to Waiver A below).
- I am riding as a passenger in a private vehicle (initial next to Waiver B below).

Waiver A: If I have opted to drive my own vehicle, I understand and I agree to release the Releasees from all liability. I understand the implications and responsibilities I assume by driving my own vehicle.

(initials)

Waiver B: If I opt to ride with another student in a private vehicle, I understand and I agree to release the Releasees listed below from all liability. I further understand the implications and responsibilities I assume by riding in another private vehicle.

(initials)

In consideration of being permitted to participate in The Event, I agree on behalf of myself, my family, heirs, successors, assigns, and personal representatives to assume all the risks, dangers, hazards, and responsibilities surrounding my participation in The Event, the transportation, and any independent activities arising out of my participation in The Event, the same as if I was traveling alone.

To the maximum extent permitted by law, I, on behalf of myself, my family, heirs, successors, assigns, next of kin, and personal representatives, hereby release, forever discharge, covenant not to sue, and agree to waive, indemnify, defend, and hold harmless The University, its directors, officers, agents, employees, volunteers, agents, and representatives (in their official and individual capacities), assigns, trustees and/or successors in interest, the Board of Trustees of State Institutions of Higher Learning, its directors, officers, agents, employees, volunteers, agents, representatives (in their official and individual capacities), trustees, successors and assigns ("Releasees") from any and all liability for any harm caused or alleged to be caused, in whole or in part, by the acts or omissions of The Releasees or otherwise incidental to my participation in The Event, including, injury up to and inclusive of death, damage, including property damage, claims, demands, actions, causes of action, costs and expenses, including attorney fees, that may result from, arise out of, or occur during The Event. I am aware that there are risks and dangers associated with my participation in The Event and assume full responsibility for medical costs, any injuries, or damages I sustain because of my voluntary participation in The Event.

I agree to abide by the University of Southern Mississippi's Student Code of Conduct. I certify that the information provided herein represents truthful information concerning my present medical condition. I have agreed to give my medical information with the understanding that it will remain private in accordance with the Family Educational Rights and Privacy Act, and only be released as permitted under applicable law. I am at least eighteen (18) years of age and am fully competent to sign this Release on my own behalf. By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I certify that I have read the foregoing and that the information set forth above is true and correct. I understand that my personal insurance coverage shall bear primary responsibility for any losses or claims for damages if an accident occurs.

Signature of The Participant

Date

Print Name of The Participant

Date