

S.O.U.L.S. Service Trip Travel Release of Claims Form

In order to attend (*event*) _____ on (*date*) _____, the undersigned student makes the following agreement:

I, _____, recognize that there may be risks involved in attending and traveling to the event. The nature of the risks may not always be readily ascertainable. Suffolk University is not prepared to analyze or make judgment of these risks for the students, nor is Suffolk University financially able to assume liability or legal responsibility for any damages suffered by a student arising out of any activities at the event.

In addition, the University's general liability policy covers only employees of the University and does not extend to students. Therefore, students are wholly responsible for their own actions and realize that the University will not provide coverage for any damage they may cause to others.

I hereby releases, disclaims, and exonerates Suffolk University from any and all liability for any and all injuries, losses, damages, or other adverse consequences arising directly or indirectly from participation in said trip, regardless of the source or nature of the cause thereof.

Signature: _____ Date: _____

Student's Name: _____

ID#: _____

Phone: _____

Address: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

For Office Use:

Date Received: _____ *Signature:* _____