

**JOHN CARROLL UNIVERSITY  
WAIVER AND RELEASE OF LIABILITY  
ADULT PARTICIPANT**

I hereby certify that I am over the age of eighteen and by my signature below, I hereby release John Carroll University (JCU), its officers, agents, employees, successors, and assigns from any and all liability, not caused directly by negligence of JCU or its representatives, arising out of or in any way related to my participation in a student field trip to visit \_\_\_\_\_  
(Location)

in \_\_\_\_\_  
(City & State)

The group will leave on \_\_\_\_\_ and return on \_\_\_\_\_  
(Date) (Date)

I understand that this is a voluntary trip/activity and as with any such trip/activity there will be risks involved with these activities. I hereby accept these risks.

**Transportation**

I understand that the University is providing transportation by university vehicles/buses to and from the above destination. I accept the associated risks with this type of transportation.

**Faculty/Staff Supervision**

I understand that University faculty and/or staff will be accompanying me on this trip and that I must comply with University policies concerning alcohol and drug use, vehicle use, student misconduct, smoking, principles of academic freedom, policy on sexual harassment, etc., just as I would on campus. I accept this responsibility.

**Medical Release/waiver**

If I require medical care while participating in the activities of this trip, I authorize JCU through its employees or agents to summon emergency medical care or to take me to the nearest medical facility for purposes of receiving medical care with the understanding that I will not hold JCU, or its employees, agents or representatives responsible for the actions of the agents, representatives or employees of the medical facility and that I will assume any and all responsibility for payment of same.

\_\_\_\_\_  
Participant (Print Name)

\_\_\_\_\_  
Participant (Signature)

\_\_\_\_\_  
Date

There will be an \$8.00 charge payable by cash or check to John Carroll University to cover costs of admission, transportation and a box lunch.

Please return form and \$8.00 in cash or check to Ellen Valentine in the Office of Interdisciplinary Programs, Ground Fl. Admin. Rm. B26.