



## Travel Study Course Excursion/Day Trip General Release Form

I, the undersigned participant, am requesting participation in the Southern Virginia University Travel Stud Course Excursion/Day Trip to \_\_\_\_\_ on \_\_\_\_\_.

In consideration of my voluntary participation in the above activity, I hereby waive all claims of action against Southern Virginia University; Southern Virginia University Travel Study; its directors, employees, and agents; and faculty and staff directing the course excursion (of all which are collectively hereinafter referred to as "Southern Virginia University") arising out of my participation in the course excursion/ Day Trip and hereby release, hold harmless, and discharge Southern Virginia University from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my participation in this course excursion. These risks could result in damage to property, personal and/or bodily injury or death.

I have been advised to obtain personal medical coverage and to carry documentation with me. I agree to use my personal medical insurance as the primary medical coverage payment if accident or injury occurs. Furthermore, I will be solely responsible for payment in full of all costs of medical care.

I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations, and with Southern Virginia University's honor code. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, and standards. I will comply with Southern Virginia University's policies, standards and instructions for student behavior. I agree that Southern Virginia has the right to enforce standards of conduct described above.

I have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Southern Virginia University is knowingly given up in return for allowing my participation in the course excursion.

I understand and agree that no oral or written representation will alter the contents of this document. I agree that this agreement shall be governed by the laws of the Commonwealth of Virginia, which shall be the forum of any lawsuits filed under or incident to this agreement of Southern Virginia.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent's Signature (if participant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date