

Purpose: Please complete the requested information and submit to you Staff Advisor at least five (5) business days prior to the proposed trip date. By communicating this information to GW, you are ensuring that all parties involved are aware of your travel plans. Failure to complete and submit this information may result in the forfeiture of your trip.

Organization Name : _____

Travel Dates: _____ **Destination:** _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. IF THERE ARE ANY QUESTIONS CONCERNING THIS DOCUMENT, CONTACT THE CSE

The following is submitted in consideration of The George Washington University allowing my participation in student organization travel or travel/participation in an off-campus activity facilitate by the Student Experience team. I execute this document with full knowledge of the contents and consequences stated in this document.

STANDARD OF CONDUCT

You represent The George Washington University in your participation of activities on and off campus. As such, you assume an obligation to conduct yourself in a manner compatible with The George Washington University’s mission as an educational institution when participating in travel. In addition, you agree to act responsibly and civilly before, during, and after any event. Guidelines on conduct include, but are not limited to, the examples outlined below:

PARTICIPANTS SHALL NOT:

- Use illegal drugs.
- Consume alcohol, unless of the legal age and only at registered and approved events.
- Intentionally engage in or incite participants to become involved in abusive and violent action.
- Violate any University, hotel, host college or university, city and/or state rules, policies, or laws.

VIOLATION OF ANY OF THE ABOVE COULD RESULT IN, BUT NOT LIMITED TO:

- The student participant being referred to the Office of Student Rights and Responsibilities.
- Negative consequences for the student organization to include suspension of organization operation and privileges.

THE GEORGE WASHINGTON UNIVERSITY LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

1. I understand that The George Washington University does not require my participation in this travel and that my participation in the Activity is voluntary.
2. I understand that there are inherent damages, hazards, and risks in the Activity, transportation to and from Activity, and actions I undertake which are not part of direct participation in the Activity which dangers include but are not limited to bodily injury, serious or mortal injury, delay, property damage, accident, sickness, acts of terrorism, government intervention and acts of God.
3. Knowing the dangers, hazards, on behalf of myself, family, heirs, personal representatives or administrators, I agree to assume all risks and responsibilities for participation in Activity, the transportation, and actions undertaken as an adjunct thereto. I release, waive, discharge, and covenant not to sue The George Washington University, its board, officers, employees, agents, and students acting as employees (hereafter called “Releasees”) from all liability for harm, claims, injury, damage related to loss, or injury including but not limited to suffering and death sustained by me or my property, whether caused by negligence of Releasees, while in, on, upon, or in transit to or from premises or adjunct Activity.
4. I understand and agree that Releasees have no medical personnel at Activity site and the Releasees are granted permission to authorize emergency medical or dental treatment if necessary; such action shall be subject to the terms of this Agreement. I agree that Releasees assume no responsibility for injury or damage for my medical or dental treatment.
5. My express interest is that this release shall bind me, family members, my estate, heirs, assigned administrators, personal representatives and be deemed as a “Release, Waiver, Discharge and Covenant Not to Sue” Releasees. I hold harmless, indemnify, and defend Releasees from all claims by me or my family, arising out of my participation in the Activity.
6. In signing Release, I acknowledge that I have fully informed myself of the waiver’s contents and agreement by reading before signing and I sign of my own free act and deed; no oral representations, statements, or inducements, apart from this written statement, have been made. I understand The George Washington University does not require participation in Activity, but I want to do so despite possible dangers, risks and this Release. I state that I am at least eighteen (18) years of age and fully competent to sign Agreement or to sign as a minor with legal guardian co-signing. I execute this release for full, adequate, and complete consideration, intending to be bound by same.
7. In signing this, I state that I have no health reasons or problems precluding participation in Activity; I have adequate health insurance to pay medical costs as a result of injury to me.
8. I agree this Release shall be construed in accordance with the District of Columbia law. If any term or provision of this Release is held illegal, unenforceable, or in conflict with law governing this Release the validity of the remaining portions shall apply.

(Participant Name)

(Signature)

(Gwid)

(Date)

(GW Email)

(Emergency Contact Name)

(Emergency Contact Phone Number)

(Participant Name)

(Signature)

(Gwid)

(Date)

(GW Email)

(Emergency Contact Name)

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(Emergency Contact Phone Number)

Participant under the age of 18:

(Participant Name)

(Signature)

(Gwid)

(Date)

(GW Email)

(Emergency Contact Name)

(Emergency Contact Phone Number)

(Parent or Guardian Signature)

(Print Name)