	a a c . om v o l			
Campus Safety Office Use Only Date/Time of departure: Initials				
Date/ Time of departure.				
Date/Time of return:	Initials			
TRAVEL ROST	ER AND STATEMENT OF UNDERSTANDING			
Name of Event/Activity:				
Description of Event/Activity:				
Sponsoring Organization/Department:		_		
Date and Time of Departure:				
Date and Time of Return:				
Location of Trip:	Location Phone #:			
Name of Group Leader ON trip:	Cell #:			
Mode of Transportation: College Fleet Vehicles Pers	sonal Vehicles Other:			
Driver Name(s):				

Drivers and passengers will uphold all traffic laws and the inclement weather policy, and if we have questions we will call Campus Safety at (740) 427-5000.

KENYON COLLEGE- Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Kenyon College, its officers, employees, and agents from liability **from any and all claims including the negligence of Kenyon College, its officers, employees and agents,** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary, I knowingly assume all such risks, and forever discharge Kenyon College, its trustees and employees, from any and every present or future claim arising from this trip..

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Kenyon College HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

TRAVEL ROSTER & WAIVER OF LIABILITY, PAGE 1

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#	NAME (PRINT)	SIGNATURE (if a minor, parent's signature is required)	EMERGENCY CONTACT	EMERGENCY CONTACT PHONE #
1.				
2.				
3.				
4.				
5.				
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This form must be turned in to Campus Safety prior to departure.

Additional Pages? (Circle One) Yes No			
	Additional Pages? (Circle One)	Yes	No

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by la	W.			
#	NAME (PRINT)	SIGNATURE (if a minor, parent's signature is required)	EMERGENCY CONTACT	EMERGENCY CONTACT PHONE #
Add	itional Roster Pages? (Circle One)	Yes No		

TRAVEL ROSTER & WAIVER OF LIABILITY, PAGE