

LEHIGH UNIVERSITY
 WAIVER and RELEASE OF LIABILITY FORM for ACTIVITIES OFF CAMPUS

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the parties indicated below for injuries or losses you may sustain as a result of participation in off-campus activities.

Lehigh University is a non-profit educational institution. References to Lehigh University include Lehigh University, its trustees, officers, faculty, employees, volunteer workers, students, Student Government Association and participating organizations, agents and assigns, insurers, and anyone else participating in the off-campus activities described below.

I [print your name] _____ freely choose to participate in an off-campus program of my own selection (name) _____ (referred to as the Trip).

I understand that Lehigh University is not an agent of, and has no responsibility for, any third party including without limitation any sponsor which may provide any services including food, lodging, travel, or any equipment associated with the Trip. Lehigh University has not reviewed the qualifications of the Trip organizer or sponsor. Lehigh University does not endorse the program in any way, including the safety of the program, the quality of the program or any services the program may contract for.

I understand that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I agree to evaluate the qualifications of the trip organizer or sponsor and any contracted services they may provide. I agree to inform myself about the potential dangers of the area I am traveling to and precautions which should be taken, including reviewing the State Department Consular Travel Information at <http://travel.state.gov> and the Centers for Disease Control Travelers Information at <http://www.cdc.gov/travel/> for health and immunization information, and any other information that may be provided to me by the Trip organizer or by Lehigh University. I agree to inform my parents(s) or guardian(s) that I will be participating in this Trip.

Despite precautions, accidents and injuries can and will occur. I understand that travel and other activities the Trip may undertake may be potentially dangerous and that I may be injured, become ill, and/or lose or damage personal property as a result of participation in the Trip. Therefore, **I ASSUME ALL RISKS RELATED TO THE TRIP** including but not limited to:

- Death, injury or illness from causes of any nature whatsoever, including but not limited to bodily injury or illness of any nature whether severe or not, temporary or permanent, including death, which may occur as a result of participating in an activity or contact with physical surroundings, animals, insects, plants or other persons.
- Death, injury, illness or loss of or damage to personal belongings arising from travel by car, bus, van or any other means.
- Death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other providers.
- Death, injury or illness from deliberate acts of violence including criminal activities, political unrest, war, rebellion, hostage taking, riots, or any other actions by third parties.
- Theft or loss of my personal property while in transit or during Trip activities.
- Natural disaster or other disturbances, and alterations or cancellation of Trip activities due to such causes.
- Illness of or other bodily injury to myself or others due to COVID-19, including any temporary or permanent effects of contracting COVID-19, including death.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Trip and that the above list in no way limits the extent or reach of this release and covenant not to sue. I further understand that participating in this Trip is an acceptance of risk or injury, illness or death.

Medical Treatment Authorization

I authorize Lehigh University to act on my behalf in any medical emergency. _____ (initial)

**Release from Liability, Indemnification Agreement and
 Covenant Not to Sue**

I the undersigned, to the fullest extent permitted by law, agree to forever release and on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, and HEREBY DO FOREVER RELEASE Lehigh University from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim or negligence which I or my spouse, heirs, representatives, executors, administrators and assigns may now have, or have in the future against Lehigh University on account of personal injury, bodily injury, illness, property damage, death or accident of any kind, arising out of or in any way related to my participation in the Trip and/or the use of facilities, equipment, or services in association with the Trip howsoever the injury, illness, damage, death or other loss is caused, whether by the negligence of Lehigh University or otherwise.

I, the undersigned, COVENANT NOT TO SUE and agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Lehigh University from any and all causes of action, claims, demands, losses, liabilities or costs of any nature whatsoever arising out of or in any way relating to my participation in the Trip and my use of facilities, equipment, or services in association with the Trip.

I, hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Trip and the use of facilities, equipment, or services in association with the Trip, and that I am voluntarily assuming all risks, whether known or unknown.

I understand that I will be solely responsible for any loss or damage, including injury, illness death, which I sustain or cause, whether in whole or in part, while participating in the Trip and my use of facilities, equipment, or services in association with the Trip, and that by this agreement I am relieving Lehigh University of any and all liability for such loss, damage, injury, illness or death.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is _____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will. This agreement is made in sole consideration of Lehigh University supporting my participation in the Trip and my use of facilities, equipment, or services associated with the Trip.

This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release in intended to be as broad and inclusive as permitted under the laws of the Commonwealth of Pennsylvania, that if any portion hereof is held invalid, it is agreed that the remainder of it shall, notwithstanding, continue in full legal force and effect.

**IMPORTANT
 READ ENTIRE AGREEMENT BEFORE SIGNING**

Signature: _____
 Date: _____ (day/month/year)
 Name Printed: _____
 Address: _____
 Tel No: _____

Parent's Signature: _____
 (if participant is under age 18)
 Parent's Name Printed: _____