



Varsity House Travel Form

Trip location: _____ **Dates** _____

Name: _____ **Phone Number** _____

Date of Birth: _____

Emergency Contact:

Primary

Name: _____ **Phone Number** _____

Secondary:

Name: _____ **Phone Number** _____

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, and or during the event.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Varsity House or persons leading the trip from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Age

Signature

Date

(Must be 18 yrs of age)