

Event/Activity Name: \_\_\_\_\_ Date: \_\_\_\_\_

Host Organization/Department: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_ Minimum Age Requirement: \_\_\_\_\_

### 1. PARTICIPANT INFORMATION (STUDENT)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ KUID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### 2. RELEASE AND INDEMNIFICATION AGREEMENT FOR CO-CURRICULAR STUDENT TRAVEL

In the event that I incur any physical or emotional injury or illness, or loss or damages to personal property of any kind during my participation in the activity described above, I hereby expressly and voluntarily agree to hold harmless from any claims related to or arising of this Kean University, its officers, employees or students.

Also, I agree that if any other person should assert such a claim arising from my connection with this activity, that I will substitute myself in place of Kean University as the party against whom the claim is to be pursued. I further agree that I will pay all damages and costs resulting from such a claim, and that I will indemnify or reimburse Kean University in connection with that claim.

I am aware of the risk associated with participation in the activity. My participation is voluntary, and it is my obligation to inspect the facilities and equipment before use to make sure that it is safe and fit for its intended purpose. I have verified with my medical professional that I am fit to participate in the activity.

This Release shall be binding on my heirs, executors, administrators and assign.

**I hereby certify that I am eighteen years of age or older.**

**➔ Enter your initials here [ \_\_\_\_\_ ] to confirm that you agree with the Release and Indemnification Agreement. Go to Section 3.**

**If under 18 years of age, parent/guardian's signature is required below:**

Parent/Guardian's Name	Parent/Guardian's Signature	Date	Parent/Guardian's Contact Number
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### 3. PARTICIPANT CONDUCT AGREEMENT

I shall comply with all applicable laws of any jurisdiction in which I may travel and all policies of Kean University including, but not limited to, its alcohol and drug free policies and the Kean University Code of Conduct, while participating in the event/activity. If my participation in the event/activity is at any time deemed detrimental to the event/activity or its other participants, as determined by Kean University in its sole discretion, I understand that I may be expelled from the event/activity with no refund of monies paid. In the event of expulsion, I agree to be sent home at my own expense or the expense of one or both of my parents or guardians. I agree at all times to remain under the supervision of Kean University and will comply with its rules, regulations, standards and

instructions. I waive and release any and all claims against Kean University arising out of my failure to remain under such supervision to comply with any such rules, regulations, standards and instructions.

In addition, I will inform my guest(s), if applicable, of these policies and procedures and his/her responsibility to abide by the rules and regulations. I will take full responsibility for all of my guest's actions.

*The full Kean University Code of Conduct can be found online at <http://www.kean.edu/policies/Code-of-Conduct>.*

**➔ Enter your initials here [ \_\_\_\_\_ ] to confirm that you agree with the Participant Conduct Agreement. Go to Section 4.**

### 4. ARE YOU UTILIZING THE KEAN UNIVERSITY PROVIDED TRANSPORTATION AS A PART OF THE EVENT/ACTIVITY?

- Not Applicable: Go to Section 5.     
  Yes: Go to Section 5.     
  No: **Complete Transportation Waiver Below.**

**TRANSPORTATION WAIVER:** I understand that the activity in which I will participate is voluntary and does not include transportation to or from the activity. I will assume all responsibility for getting to and from the above named activity.

**➔ Enter your initials here [ \_\_\_\_\_ ] to agree to the transportation waiver. Go to Section 5.**

### 5. FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) INFORMATION RELEASE

I authorize Kean University to release, to my parent(s) or legal guardian(s), contact information and general information related to the abovementioned event/activity, in order for my parent/guardian to receive health, safety, and security information related to this program. I understand the purpose of this release is to provide health, welfare, and safety information to my parent(s).

Further, should an incident occur during a curriculum related travel activity, I authorize the release of my name / statement as a Complainant, Accused Student, or Witness during the student conduct process as outlined in the Kean University Student Code of Conduct.

This release will remain in effect until revoked by me in writing and delivered to the Kean University Office of Student Affairs.

**➔ Enter your initials here [ \_\_\_\_\_ ] to confirm that you agree with the FERPA Information Release. Go to Section 6.**



**6. STUDENT FINANCIAL OBLIGATION ACKNOWLEDGEMENT**

Not Applicable: **Go to Section 7.**       Required: **Complete Student Financial Obligation Acknowledgement Below.**

**STUDENT FINANCIAL OBLIGATION ACKNOWLEDGEMENT:** I understand and acknowledge that I have paid the ticket price of \$\_\_\_\_\_ for each ticket, which represents a substantially reduced cost for the activity and may include without limitation, admission ticket, bus, food, etc... I understand that the University has: 1) purchased a limited amount of program admission tickets for full face value; 2) reserved and paid for bus transportation; and/or 3) reserved and paid for meals for the student activity. Therefore, I agree that I shall have no right to a refund for any part of the ticket price that I have paid. In addition, if I or my guest fail to attend and participate in the student activity for any reason, I understand that I will be financially responsible to the University for the full cost of the student activity which totals \$\_\_\_\_\_ per ticket. Further, if I fail to make such payment to the University, the University may, at its option, put a financial hold on my record. As a result, I understand that I will be prohibited from registering for future courses at the University and obtaining a release of my academic transcript.

The Kean University student will be financially responsible to the University for the full cost of the student activity if their registered guest fails to fully attend and participate in the student activity for any reason.

**→ Enter your initials here [ \_\_\_\_\_ ] to confirm that you agree with the Student Financial Obligation Acknowledgement. Go to Section 7.**

**7. EMERGENCY CONTACT INFORMATION**

In the event of an emergency, please write the name and contact information for the person that you would like us to contact for you.

Emergency Contact's Name	Relationship to Participant	
Emergency Contact Phone Number	Emergency Contact's Address (Include street, city and state)	

**8. PARTICIPANT CERTIFICATION**

I affirm that the information I have provided on this form is complete and accurate and is of my own free will.

**→** \_\_\_\_\_

Participant's Signature	Date
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Event/Activity Name: \_\_\_\_\_ Date: \_\_\_\_\_

Host Organization/Department: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_ Minimum Age Requirement: \_\_\_\_\_

### 1. PARTICIPANT INFORMATION (GUEST)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ KUID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### 2. RELEASE AND INDEMNIFICATION AGREEMENT FOR CO-CURRICULAR STUDENT TRAVEL (GUEST)

In the event that I incur any physical or emotional injury or illness, or loss or damages to personal property of any kind during my participation in the activity described above, I hereby expressly and voluntarily agree to hold harmless from any claims related to or arising of this Kean University, its officers, employees or students.

Also, I agree that if any other person should assert such a claim arising from my connection with this activity, that I will substitute myself in place of Kean University as the party against whom the claim is to be pursued. I further agree that I will pay all damages and costs resulting from such a claim, and that I will indemnify or reimburse Kean University in connection with that claim.

I am aware of the risk associated with participation in the activity. My participation is voluntary, and it is my obligation to inspect the facilities and equipment before use to make sure that it is safe and fit for its intended purpose. I have verified with my medical professional that I am fit to participate in the activity.

This Release shall be binding on my heirs, executors, administrators and assign.

**I hereby certify that I am eighteen years of age or older.**

**➔ Enter your initials here [ \_\_\_\_\_ ] to confirm that you agree with the Release and Indemnification Agreement. Go to Section 3.**

**If under 18 years of age, parent/guardian's signature is required below:**

Parent/Guardian's Name \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian's Contact Number \_\_\_\_\_

### 3. PARTICIPANT CONDUCT AGREEMENT (GUEST)

I shall comply with all applicable laws of any jurisdiction in which I may travel and all policies of Kean University including, but not limited to, its alcohol and drug free policies and the Kean University Code of Conduct, while participating in the event/activity. If my participation in the event/activity is at any time deemed detrimental to the event/activity or its other participants, as determined by Kean University in its sole discretion, I understand that I may be expelled from the event/activity with no refund of monies paid. In the event of expulsion, I agree to be sent home at my own expense or the expense of one or both of my parents or guardians. I agree at all times to remain under the supervision of Kean University and will comply with its rules, regulations, standards and

instructions. I waive and release any and all claims against Kean University arising out of my failure to remain under such supervision to comply with any such rules, regulations, standards and instructions.

In addition, I understand that my student host takes full responsibility for all of my actions and is subject to disciplinary action from Kean University based upon my actions during the event/activity.

*The full Kean University Code of Conduct can be found online at <http://www.kean.edu/policies/Code-of-Conduct>.*

**➔ Enter your initials here [ \_\_\_\_\_ ] to confirm that you agree with the Participant Conduct Agreement. Go to Section 4.**

### 4. ARE YOU UTILIZING THE KEAN UNIVERSITY PROVIDED TRANSPORTATION AS A PART OF THE EVENT/ACTIVITY?

- Not Applicable: Go to Section 5       Yes: Go to Section 5       No: **Complete Transportation Waiver Below.**

**TRANSPORTATION WAIVER:** I understand that the activity in which I will participate is voluntary and does not include transportation to or from the activity. I will assume all responsibility for getting to and from the above named activity.

**➔ Enter your initials here [ \_\_\_\_\_ ] to agree to the transportation waiver. Go to Section 5.**

### 5. STUDENT HOST INFORMATION

Please identify the student host for this event/activity that you are a guest of.

Student Host's Name \_\_\_\_\_ Student Host's Kean ID Number \_\_\_\_\_ Student Host's Contact Phone Number \_\_\_\_\_

The student host must sign below indicating that they acknowledge that they take full responsibility for all of the guest's actions and the financial obligation of the full ticket cost if the guest fails to attend and participate in the student activity for any reason, if applicable.

**➔** \_\_\_\_\_  
Student Host's Signature \_\_\_\_\_ Date \_\_\_\_\_

### 6. GUEST EMERGENCY CONTACT INFORMATION

In the event of an emergency, please write the name and contact information for the person that you would like us to contact for you.

Emergency Contact's Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Emergency Contact's Address (Include street, city and state) \_\_\_\_\_

### 7. PARTICIPANT CERTIFICATION (GUEST)

I affirm that the information I have provided on this form is complete and accurate and is of my own free will.

**➔** \_\_\_\_\_  
Guest's Signature \_\_\_\_\_ Date \_\_\_\_\_