



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 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 from this activity, Kean University, its officers, employees or students.

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.

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

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.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the described activity. I understand and agree that it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission

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 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 or 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 their 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 <https://www.kean.edu/offices/community-standards-and-student-conduct/student-code-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 the event/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 may 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





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. COVID-19 VACCINATION REQUIREMENT (GUEST)

I understand that I must be fully vaccinated against the COVID-19 virus in order to participate in the activity listed above.

I agree to bring my COVID-19 vaccination card and a state-issued photo identification that will be verified by one of the activity/trip chaperones.

Enter your initials here [ ] to confirm that you agree to comply with the COVID-19 Vaccination Requirement.

8. 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