

STUDENT TRAVEL AGREEMENT

Event Title

Travel Dates

Division of Student Affairs General Release and Hold Harmless Agreement

This is a legal document which includes a release of liability. Read it carefully before signing.

1. I understand and accept that the event referenced above exposes me to risks including, but not limited to, bodily injury and damage to property.
2. I hereby assume the risks associated with this event.
3. I hereby state that I am in sufficient physical condition to participate in activities associated with this event.
4. I understand that neither UNC Charlotte nor the state of North Carolina provides medical insurance coverage on students or other non-employee participants in such programs. I assume responsibility for providing my own medical coverage.
5. In consideration of the opportunity to participate in this event, I have and do hereby release and will hold harmless the University of North Carolina at Charlotte and all its officers, employees and agents from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, which I now have or which may arise out of or in connection with my participation in this event. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators and for all members of my family, including any minors accompanying me.

Behavioral Agreement

1. I understand that all applicable University policies as well as state and federal laws apply throughout the event, including travel time, and any violation of these may result in a disciplinary referral to the Office of Student Conduct.
2. I realize I am a representative of UNC Charlotte and have been chosen by my organization to represent it and its interests. As a participant, I will engage in behaviors that are responsible and mature. I understand that my behavior during the event will positively or negatively affect opinions of others about our organization and UNC Charlotte.
3. I understand that no alcohol use will be permitted at those events sponsored by UNC Charlotte or an organization affiliated with UNC Charlotte (including, but not limited to, the following examples: LeaderShape, student government retreats, student staff training events).
4. I understand that all state and federal laws/regulations and event guidelines regarding alcohol use must be followed at an event sponsored by an organization not affiliated with UNC Charlotte.
5. I will participate fully in the activities associated with this event.
6. I understand that if I violate any of the terms of this Agreement, I may be asked to leave the event at the discretion of the University staff member responsible for the event. I understand that if I am asked to leave, I will be responsible for my own travel costs to return to UNC Charlotte and for any costs incurred by my participation in this event, and UNC Charlotte shall bear no responsibility or liability for my return travel. If I am asked to leave this event, my emergency contact will be notified.
7. I understand that if a situation arises prior to my travel that requires my travel to be cancelled, I am personally responsible for any costs already incurred that are not otherwise refundable, such as air fare, conference registration, etc.
8. I understand that if a situation arises in which I require medical attention, my emergency contact may be notified. My continuing participation will be evaluated, and I may be asked to leave the event.
9. I agree to abide by these and any other expectations specific to this event.
10. Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

Participant Name (please print)

Date

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Participant Signature

Phone Number

Staff Witness Name (please print) Staff Witness Signature

Date

Signature of Parent/Guardian of Minor Participant

Date

In the event of an emergency, please contact:

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Name (Please print)

Home Phone

Cell Phone

Address

Relationship to Student