**Lawrence University**

**Personal Information & Release for Domestic Travel**

To be completed by students participating in domestic academic travel more than 200 miles from campus or with an overnight stay

Completed and signed forms should be collected by the trip leader or administrative assistant and submitted to the Conservatory Office (for Conservatory travel) or to the Provost’s Office (for College travel). Forms will be placed in an electronic share folder for emergency access by the Dean of Students and Campus Safety. The trip leader should carry a copy of the forms on the trip for emergency contact and medical information.

Trip Name:

Destination:

Dates of Travel:

Faculty/Staff Trip Leader or Sponsor:

**Part A – Personal Information**

*- Full legal name -*

First/Middle:       Last:

Preferred name:       Gender:

Date of birth:       Class (FR/SO/JU/SE):

*- Permanent contact address -*

Number/Street:       City:

State/ZIP:       Country:

Cell phone:       Home phone:

*- For international students -*

Country of birth:       Country of citizenship:

Passport number:       Expiration date:

**Part B – Emergency Contact Information**

*- Primary -*

Name:       Relationship:

Cell phone:       Email:

*- Secondary -*

Name:       Relationship:

Cell phone:       Email:

**Part C – Emergency Medical Information**

Information listed here will be given to medical providers in the event of an emergency. Lawrence recommends that all trip participants follow the prescriptions and directions of their health care providers, including assessing their ability to participate successfully in the trip and its activities.

Medications:

Allergies:

Medical condition or disability *(if relevant)*:

**Part D – Special Arrangements or Accommodations Needed**

Please describe any needs which could affect your participation in the trip or its activities, and indicate how they might be accommodated. *(Note that Lawrence may not be able to accommodate all individual needs.)*

**Part E – Assumption of Risk and Release of Liability**

*This section affects your legal rights, so read it carefully.*

I have applied to participate in the Lawrence University trip listed above (the “Program”) during the dates listed above. I acknowledge that the trip is voluntary and that by participating in the trip I will engage in travel off campus and physical activities with other participants and that these activities present certain inherent risks that are beyond Lawrence University’s control.

I choose to participate in the trip and its activities understanding the associated risks, and I knowingly and voluntarily assume all risks of collision, injury, illness, death, or damage to or loss of my property that may occur while engaging in sports, recreation, or any other activities arising out of or related to the trip.

I understand that I may discontinue participation in trip activities at any time in light of the risks.

I hereby forever release Lawrence University, its trustees, officers, employees, and agents (the “Released Parties”) from liability for any negligent act or omission arising from my participation in the trip and its activities, including related costs, damages, claims, or assertions which I or my family, estate, or heirs may claim against the Released Parties.

This Assumption of Risk and Release of Liability shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Release or the Program.

Full name of participant:

Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_

***If Participant is under 18 years of age:***

Full name of parent or legal guardian:

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_