



**Domestic Travel Release of Liability**

**Assumption of Risk for Student Travel/Activity**

**Required Class Travel / Student Organization Travel / Voluntary Transportation**

(circle all that apply above)

The following agreement is designed to inform and protect all participants involved with the stated travel/activity below. Students are asked to sign this document to indicate agreement with its terms prior to the start of the travel/activity. References to Cornell University (CU) include The School of Hotel Administration (SHA).

**Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Activity:** \_\_\_\_\_  
 (Indicate course number / name of student organization / other)

**Date(s):** \_\_\_\_\_ **Location:** \_\_\_\_\_

I am aware that participation in this trip involves risks of injury and illness that may arise due to my participation and that it is not possible to specifically identify every individual risk of injury and illness. I am aware that the risks involved may include the use of University-owned vehicles and/or chartered, private and/or rented passenger vehicles not owned or controlled by Cornell University. I agree to assume all risks and responsibility for my health, safety, and property while participating on this trip.

In consideration of the opportunity to participate in this trip, I hereby for myself and on behalf of my heirs, family members, assigns, executors, personal representatives and next of kin, agree to defend, indemnify and HOLD HARMLESS, Cornell University, its' respective trustees, officers, agents, volunteers, and employees (collectively, "Released Parties") from any liabilities, damages, expenses, causes of action, claims, or demands of any nature whatsoever, including any claims of negligence, on account of personal injury, property damage, death, or accident of any kind, however caused, related to my participation in this trip.

I understand that Cornell University does not provide any Accident or Medical Insurance as respects this trip, and that I am expected to provide my own Accident and Medical Insurance. I hereby agree that I am financially responsible for all such expenses whatsoever.

I understand that I am subject to Cornell University regulations and guidelines, laws of the United States, and the laws of New York State; and that in the event of violation of these, or behavior which is considered by Cornell University to be detrimental to myself, or other participants, Cornell University shall have the right to dismiss me as a participant from this trip while retaining all payments (if applicable). I agree to abide by these rules and regulations at all times during this trip.

I further understand that should I choose to remain in \_\_\_\_\_ instead of returning as scheduled to Ithaca, NY, I am solely responsible for my actions and anything that might happen to me due to my elected extended stay. If I choose not to return on the provided transportation, I understand that I am responsible for my own transportation back to Ithaca, NY.

This Agreement shall be governed by and construed under the laws of the State of New York. Any action or proceeding brought by any party to construe or enforce this Agreement, or for damages for breach hereof, shall be brought in a court of competent jurisdiction located within the State of New York.



**DOMESTIC TRAVEL RELEASE OF LIABILITY**

**Emergency Contact Information** (Parent/Guardian/Spouse/Other):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Medical Information** (in case of emergency – voluntary):

List medications you are currently taking: \_\_\_\_\_  
List any allergies: \_\_\_\_\_  
List any conditions that may affect your ability to participate in this event: \_\_\_\_\_

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*\*I understand that this information will be kept confidential and will only be released in the event of a medical emergency.*

By signing this agreement, I pledge to conduct myself in accordance with all applicable guidelines, regulations, and policies of CU, including SHA, as well as those of the host state/organization. I understand that I am representing Cornell University's School of Hotel Administration and commit to professional and responsible behavior through this activity. I will follow the Cornell Student Code of Conduct, and understand that CU will follow through on consequences for any breach of expectation or the code of conduct.

I have read and understand the terms of this Agreement and agree to all stated terms and conditions. I verify that I am of lawful age and legally competent to sign this Agreement; that I understand the terms herein are contractual and not mere recital, and that I have signed this document of my own free will.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
NetID