

**Attachment B**

**WAIVER, RELEASE, INDEMNITY AND PROMISE NOT TO SUE**

**THE COLLEGE OF NEW JERSEY -STUDENT TRAVEL**

I, the undersigned Participant, wish to travel to and participate in Art and Art History Department events scheduled to take place during \_\_\_\_\_.

In consideration of TCNJ's permitting me to participate in the Event, I, intending to be legally bound hereby, understand, represent, acknowledge, and agree as follows.

I fully recognize that certain risks are involved in participating in the Event; such risks may include property damage, personal injury, death; and I voluntarily assume those risks.

I am responsible for all of my own loss, liability and expenses, including medical expenses in connection with the Event. I have provided TCNJ's accompanying staff with all necessary medical and health information needed for my safe participation in the Event. I understand that I have the opportunity to inform TCNJ of any disability that I may have and to request a reasonable accommodation that would permit me to perform the essential functions of a participant in the Event. However, I represent that I have no physical, mental, psychological or medical condition that would prohibit me from participating or materially increase the risk to me or others of my participating in the Event.

I am responsible for my own personal medical needs, including medical insurance coverage. I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Event. I hereby authorize the employees and agents of TCNJ, at their discretion, to administer to or seek for me first aid and other emergency medical services and transportation for further medical care, but I acknowledge that they may not be present or may not elect or be able or competent to administer or seek such aid or services or transportation.

I will not hold TCNJ, the New Jersey Educational Facilities Authority, the State of New Jersey or any of their respective trustees, directors, officers, employees, agents, students or volunteers (collectively, the "Releasees") responsible for any personal injury (including death) or property damage that I might incur in connection with the Event, even if the negligence of any of the Releasees caused or contributed to such injury or damages. I will not sue or seek damages from any of the Releasees in any form, and I hereby waive and release any and all claims against each of the Releasees for personal injury (including death) or

property damage, arising in any way out of my participation in the Event, even if the negligence of any of the Releasees caused or contributed to such injury or damages and I agree to indemnify, defend and hold each Releasee harmless from any such claims. I recognize that this release means I am giving up, among other things, rights to sue the Releasees for injuries, damages or losses I may incur.

I have read and do understand and agree to be bound by the above statements, which are true and accurate. My participation in the Event and the signing of this Waiver, Release, Indemnity and Promise Not to Sue are completely voluntary.

READ ABOVE CAREFULLY BEFORE SIGNING BELOW.

Participant's Printed Name

Participant's Signature

Date

\_\_\_\_\_

If Participant is under the age of 18 years, signature of parent or legal guardian is required.

I hereby voluntarily give permission for the Participant to participate in the Event and agree to be bound by the terms of this Waiver, Release, Indemnity and Promise Not to Sue.

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attachment C**

**EMERGENCY CONTACT INFORMATION**

**THE COLLEGE OF NEW JERSEY - STUDENT TRAVEL**

Emergency Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone numbers      Work: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone numbers      Work: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_