



## PARTICIPANT AGREEMENT FORM

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| <b>Activity Specifics:</b>                      |
| Program Name:                                   |
| Activity Coordinator(s):                        |
| Summary (nature and scope) of Activity Purpose: |
| Itinerary/Travel Dates:                         |
| Flight/Travel Information:                      |
| Accommodation Information:                      |
| Sponsoring Department/Organization:             |
| Faculty/Staff Advisor:                          |

I, \_\_\_\_\_ (participant) hereby acknowledge that I have voluntarily decided to participate in the above detailed activity.

**INFORMED CONSENT:** I have been informed and am confident that I understand the various aspects of this activity including but not limited to the arrangements for finances, travel, itinerary and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries might occur during this activity. Persons involved may sustain fatal or serious injury, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment, language barriers, differing social cultures and laws. There may also be other risks not known to me or not foreseeable at this time.

**ACCEPTANCE OF RISK AND RELEASE OF LIABILITY:** I accept full responsibility for the foregoing risk of injury, permanent disability or death. In consideration of the opportunity to participate in this activity I release and discharge Santa Clara University, its officers, employees, and agents (hereinafter collectively referred to as "University") from all liability defined herein arising out of or in connection with my participation in the above described activity. For the purpose of this Agreement, liability means all claims, demands, causes of action, suits or judgments of any kind (including court costs and attorney's fees) that I, my heirs, executors, administrators, assignees, or any other person or entity may have against the University because of my death, personal injury, illness, or for loss arising out of the sole negligence or willful misconduct of the University. I hereby agree that this Agreement shall be constructed in accordance with the laws of the State of California.

**INDEMNIFICATION:** I agree not to sue the University and hold harmless, defend, and indemnify the University from any and all liability as described above that may occur due to my participation in this activity.

### **PARTICIPANT AGREEMENT:**

I understand that University policies as detailed in the Community Handbook extend to University-sponsored events off-campus including, but not limited to, the following:

**Eligibility for Participation:** To participate in this event/activity, students must meet the minimum requirements (Eligibility Policy for Participation in Student Activities, Community Handbook).

**Substances:** I agree not to use any drug or controlled substance (Student Conduct Code, Community Handbook). I further agree to consume alcohol responsibly in



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compliance with all laws and regulations and in accordance with University policies and procedures (Alcoholic Beverage Policy, Community Handbook).

**Rules and Requirements:** I agree to accept all the rules and requirements of the activity and to follow instructions when given by a University or any activity official. I acknowledge that as an adult I am responsible for my actions and cannot expect twenty-four hour supervision by a University or any activity official. I further grant the right to the University or any activity official to terminate my participation in the activity if it is determined that my conduct is detrimental to the best interest of the group. In the event that I must return home, costs shall be at my own personal expense.

**Medical Insurance:** I hereby confirm I am covered by medical insurance that will pay for medical services rendered wherever the activity is planned.

**Medical Consent:** Please describe below any health (medical/physical/psychological/emotional) conditions, special circumstances, medications or allergies that may adversely affect full participation in the activity and that the University should be aware of: \_\_\_\_\_

**I HAVE READ THIS AGREEMENT AND RELEASE ALL LIABILITY AND UNDERSTAND THE TERMS. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
Printed Name of Adult Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Participant