

ACTIVITY CONSENT FORM AND WAIVER OF LIABILITY

GV FACULTY & STAFF: This form is to be used for short-term student activities or in-country travel of approximately 3 days or fewer. Please contact International Studies for out-of-country or longer trips. Be aware that this form must be carried with you during the activity listed below so you have emergency contact information.

Participant Name: _____ **Date of Birth** _____

Address _____ **City** _____ **State** _____

Cell Phone: _____ **Home phone:** _____

Special Medical Needs: _____

Emergency Contact Name: _____ **Relationship** _____

Address _____ **City** _____ **State** _____

Cell Phone: _____ **Home phone:** _____

Date(s) of activity this form shall be in force: _____

Activity or Activities: _____

I, the undersigned participant, agree to indemnify and hold harmless Grand View University and any of its agents, employees, or representatives for any injury or loss suffered by me due to my participation in the activity or activities specified above (hereinafter collectively referred to as "activity"). I hereby agree that I have been fully advised of the nature and extent of the activity that may take place and represent to you that I am physically and mentally able to participate in the activity without special accommodations or additional supervision. I further understand that I am responsible for any costs incurred and associated with the premature termination or dismissal from the above activity.

I understand that the activity may present the risk of injury, or even death, to me, and I have been fully advised of those possibilities. I represent to you that I fully assume the risk of any such injury or death, and I hold you, your agents, employees, and representatives harmless from any liability or death to me while engaged in this activity that is caused or contributed to by my conduct or the conduct of any other participants. I further agree to indemnify and defend you, your agents, employees, and representatives against any claim or liability asserted for any such injury or death.

I also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of myself or the other participants in the activity and I agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If I am not able to be consulted for any reason in the case of an emergency or necessity arising during the course of the activity or as a result of the activity, I authorize you to contact the emergency contact person or persons listed above and to arrange for such medical and hospital treatment as you may deem to be advisable for my health and well being.

Participant's Signature _____ **Date** _____

Parent/Guardian Consent _____ **Date** _____

(To be used if participant is a minor or under any legal disability requiring consent of another)

NOTE: By signing above, the Parent/Guardian ratifies and consents to all terms specified herein.

** This form needs to be signed and returned to faculty/staff prior to undertaking activity. It will then be carried with faculty during activity listed above and retained for 2 years after the activity by such faculty/staff.*