



Missouri State
UNIVERSITY

Organization Trip and Activity Release Form

Name: _____ M #: _____

Address: _____
Street/Box# City State Zip

Phone (local): _____ (permanent): _____

Emergency Contact: _____
Name Relationship

Emergency Phone Number: _____

Organization Hosting Travel: _____

“I, the undersigned participant, being the age of 18 or above (or, if under the age of 18, having obtained the signature of my legal guardian on this form in addition to my own), desire to participate in activities with the organization listed above, which may include but not be limited to transportation and trips to and from Springfield and other places. I realize these activities are potentially hazardous. I should not engage in these activities unless I am alert and observant, which I represent myself to be. I assume any and all risks associated with these activities including, but not limited to falls, personal injury, collision with other persons, the effects of weather, including high heat and/or humidity, and motor vehicle transportation, all such risks being known and appreciated by me. I attest that I am sufficiently physically fit to participate in these activities.

*I understand the possible risks of being permitted to participate in activities hosted by the organization named above. I, for myself and my personal representatives, heirs, and assigns, do **hereby hold harmless and release, waive, discharge, and covenant not to** sue the Board of Governors of Missouri State University. Furthermore, I release Missouri State University, its Board members, officers, employees, volunteers, and agents (hereinafter collectively referred to as “Missouri State”) from **any and all claims or liability on account of injury, death, loss, harm, or damage to the person or property** of the undersigned of any kind or nature whatsoever arising out of, or in any way connected with the undersigned’s participation in the activities (including, but not limited to, trips and transportation), **even though the claim or liability may arise out of the negligence or carelessness on the part of Missouri State**, or any third person, whether foreseen or unforeseen, known or unknown.*

The undersigned hereby expressly agrees that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continues in full legal force and effect.

The undersigned further states that he or she has carefully read the foregoing release and waiver of liability, knows the contents thereof, and has agreed to sign this release and waiver of liability as his or her own free act and deed.

I also declare that I will take all necessary and/or recommended precautions to ensure my own person against physical and/or mental injury and property loss or damage. This includes, but is not limited to, following printed or verbal instructions given by those in positions of authority or leadership

I further declare that I assume responsibility for my actions or behaviors that may conflict with accepted standards, University requirements for participants, common sense or the instructions I receive from activity leader(s) either before or during this activity.

I do hereby affirm that I am covered under my guardian's medical policy or otherwise have adequate medical insurance. I understand that the University does not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

ADDENDUM: *(If driving personal vehicle only)*

I, the undersigned, do hereby affirm that I possess a valid Missouri state driver's license, and that my vehicle is insured to at least the minimum liability coverage required by the State of Missouri, and that I assume all responsibility for the operation of said vehicle as a result of said activity, and for any failure to maintain the insurance coverage stated above."

Transportation To/From Activity: _____

If Personal Vehicle, Make & Model: _____

Year: _____ Color: _____ License: _____

Name(s) of Activity Leader/Advisor: _____

I have read the above release and agree to provisions contained therein. I have also informed my guardian of this trip.

For the Participant:

If under 18 years of age:

Participant's Signature Date

Guardian's Signature Date

**This Trip and Activity Release form should be completed by each individual of the organization which participates in multiple travel activities in an academic year and have been approved to do so by the Office of Student Engagement. Completion of this form will be done at the start of each academic semester and turned in to the Office of Student Engagement within the first two weeks of classes beginning.*

*The organization is still responsible for turning in a **Trip Registration Form** with a list of all members and M#'s attending the trip to the Office of Student Engagement (PSU 101) on **Friday, at least one week prior to the trip.** Contact (417) 836-4386 with questions. **