

Seton Hall University Accident Waiver of Claim and Release Form

I, _____, state as follows:

(Print)

I am _____ years of age and I am a student (if a minor this form must be signed by parent/legal guardian) at Seton Hall University, South Orange, New Jersey.

While attending Seton Hall University, I reside at

My phone number is

My permanent home address is

My permanent home phone number is

I am in good health and physically able to participate in the trip for _____ sponsored by the ***YOUR ORGANIZATION'S NAME***, that occurs on _____ at _____.
(Insert Date and Time)

I agree that I am participating in this activity at my own risk and that Seton Hall University, its employees, agents, and representatives (hereinafter the "University") shall not be liable for any injuries to me, any damages to my property or any claim whatsoever arising out of the activity or in connection with the use of facilities or equipment of the University or under its control.

I further agree that I will defend and hold harmless the University for any injury, damage, loss, or liability whatsoever caused by my negligence or the negligence of the University arising out of this activity or in connection with the use of facilities and/or equipment under the University's control.

I also have sufficient medical/hospital, accident and general liability insurance coverage.

I agree that I will arrive at and return from the activity on the bus with the group. **If I decide to separate from the group, I recognize that the University is not responsible for my transportation.**

IF NOT USING THE BUS FOR THE TRIP PLEASE SPECIFY IF EACH PERSON IS TAKING PERSONAL TRANSPORTATION OR PUBLIC TRANSPORTATION

Name of Person to Notify in Case of Emergency: _____

Phone _____ Relationship _____

Student Signature _____ Today's Date _____

Your signature means you are in agreement with the information provided.

Please make sure you do the following:

Bring your photo ID. Buses will be leaving from the **Recreation Center** by _____.