

**SETON HALL UNIVERSITY**  
**OFF-CAMPUS ACTIVITY**  
**Student Voluntary Participation Waiver and Release**  
**and Emergency Contact Form**

**Seton Hall University (the “University”) believes that voluntary participation in organized, off-campus activities by its students can be an important part of a student’s learning experience. Off-campus activities may, however, involve certain risks, both to the participating students and to the University. In order to participate, each student must read carefully, complete, and sign this form and submit it to the Trip Leader prior to participating in the Off-Campus Activity identified below.**

Destination of Off-Campus Activity: \_\_\_\_\_

Date(s) of Off-Campus Activity: \_\_\_\_\_

Name of Trip Leader: \_\_\_\_\_

I wish to participate in the Off-Campus Activity described above, and am doing so voluntarily. In consideration for being permitted to participate in the Off-Campus Activity, I hereby represent and agree as follows:

1. At all times while engaged in the Off-Campus Activity, I will comply with the University’s policies and procedures, including the University’s Code of Student Conduct.
2. I understand that participation in the Off-Campus Activity may involve risks and hazards not found in study at the University, including risks involved in traveling, and I have sought and obtained information and advice that I feel are necessary and appropriate. I am fully aware of and voluntarily assume the risks and hazards connected with participating in the Off-Campus Activity, and I hereby voluntarily elect to participate. I acknowledge, accept, and assume all such risks, whether or not foreseeable, and whether or not caused by the negligent or intentional acts or omissions of others.
3. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Off-Campus Activity, there are unavoidable risks, and I hereby release and promise not to sue the University, and the officers, employees, agents, or representatives of the University (“Released Parties”) for any damages or injury (including death) arising from, or related to, my participation in the Off-Campus Activity, except for such claims, damages or losses may be caused by the gross negligence or willful misconduct of the Released Parties. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision, or to abide by requirements concerning conduct, equipment and skills surrounding the Off-Campus Activity. It is my express intent that this Release bind my heirs, assigns, and personal representatives.

4. I agree that the University has the right to enforce the policies, procedures and standards of conduct described herein, in its sole judgment, and that it may impose restrictions, up to and including my removal and the prohibition of my participation in the Off-Campus Activity. If I am prohibited from participation in the Off-Campus Activity, I consent to going home at my own expense with no refund of fees.
5. I have or will obtain and maintain health, accident, disability, hospitalization, and travel insurance as I deem necessary to participate in the Off-Campus Activity.
6. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Off-Campus Activity or I have disclosed to the University any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Off-Campus Activity I hereby release each of the Released Parties from any and all claims, injuries (including death), damages, or loss arising out of my failure to disclose any such conditions or problems.
7. The University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances. I hereby authorize the University to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.
8. I am assuming full financial responsibility for all costs and expenses incurred by me in connection with the Off-Campus Activity, including, without limitation, financial responsibility for damage or destruction to property of third parties.
9. In the event of an emergency injury or illness, Seton Hall University is authorized to act on my behalf and at my expense in obtaining medical treatment.
10. This waiver and release represents my complete understanding with the University concerning its responsibility and liability for my participation in the Off-Campus Activity. It supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written agreement.

11. I am printing my contact information below:

Name of Participant: \_\_\_\_\_ SHU ID: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

12. I am printing my **emergency contact information** below:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone numbers: day \_\_\_\_\_ evening \_\_\_\_\_

13. Check one:

\_\_\_\_\_ I am at least eighteen years old.

\_\_\_\_\_ I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see next page) as well as my own.

**I wish to voluntarily participate in the Off-Campus Activity. I have read and completed this Off-Campus Activity Participation, Waiver, and Emergency Contact Form carefully, and I am signing it voluntarily.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***If the participating student completing and signing this form is under the age of 18, then the following must be completed and signed by the student's parent or legal guardian.***

1. I am the parent or legal guardian of the student named above who signed above.
2. I have read the representations and agreement above.
3. I give my permission for my child to take part in the Off-Campus Activity described above with the understanding that there are potential risks associated with the Off-Campus Activity.
4. I agree that in the event of an emergency injury or illness, Seton Hall University may act on my behalf and at my expense in obtaining medical treatment for my child.
5. I confirm that the information provided by my child on this form is accurate and complete.
6. I am and will be legally responsible for the obligations and acts of my child as described in this form including such parts as may subject me to personal financial responsibility.
7. I agree, for myself and for my child, to be bound by the terms of this *Student Participation, Waiver and Emergency Contact Form*.

\_\_\_\_\_  
Print First and Last Name of Parent  
or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian