

**Note: Save this form to your computer.
Open from your computer and fill out.
Save the completed form.**

Assumption of Risk and Release Form One Day or One Overnight Programs

Name of Event:

Date(s) and Times of Trip:

Location of Trip and Phone Number:

(This can be a cell phone number of someone on the trip.)

Advisor (on trip):

Advisor's Cell Phone:

I am aware of the conditions, risks, and responsibilities associated with this activity, which is sponsored by _____ . I agree that I am voluntarily participating in this activity, and hereby waive and release Hope College and its agents from any claims and/or liability pertaining in any way to my participation in this activity, including, but not limited to, personal injury including death, property damage or property loss. I also agree to indemnify and hold Hope College harmless from any claims, liability, and attorney fees that may arise out of my participation in this activity. I further agree to adhere to all Hope College policies applicable to me as a student of Hope College during this activity.

NAME	STUDENT ID#	INITIALS	STUDENT CELL PHONE	EMERGENCY CONTACT (NAME and PHONE NUMBER)
1.				
2.				
3.				
4.				
5.				

Please return this form 2 days before the event to the Student Development Office
Each participant must have his/her *Emergency Medical Info Card* and medical insurance card.