

**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 (please print) | STUDENT ID # | SIGNATURE | STUDENT CELL PHONE | EMERGENCY CONTACT (NAME and PHONE NUMBER) |
|----------------------------|---------------------|------------------|---------------------------|--|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| 6. _____ | | | | |
| 7. _____ | | | | |
| 8. _____ | | | | |
| 9. _____ | | | | |
| 10. _____ | | | | |

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.