

**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:

Academic Travel and Student Groups: Julie Dalman, Student Development

Each participant must have his/her *Emergency Medical Info Card* and medical insurance card.