

Wheaton College Field Trip:
LIABILITY WAIVER FORM FOR PARTICIPATING MEMBERS

I, _____, being 18 years of age or older, hereby release, exonerate and discharge and agree to hold harmless Wheaton College, its officers, agents, associates, and employees, from any and all liability for any losses, damages, injuries, pain and suffering, death, property damages, expenses, or contract claims resulting from, or arising out of, during, or in connection with my FYS field trip.

I have made this choice in recognition and appreciation that there will be known and unknown risks, dangers and hazards that my site and location may carry with them including, but not limited to: acts of God, civil unrest, sickness, transportation, accommodations, physical, medical, emotional distress, environmental and ethical. I also understand that, if I do not use transportation provided by the College, or if I travel separately from the group, I do so at my own risk.

I acknowledge that the College administration has provided me the opportunity to discuss such risks and the acceptance of these risks is my sole decision, without influence or bias from the College. I further acknowledge that the College may not be aware of all risks and is not liable for any omission, known or unknown.

I have signed this waiver on the basis of my own information and not in reliance upon representations of the College or other parties. I understand that I have the right to consult an attorney of my choice before signing. I intend that this agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives.

By my signature, I represent that I have knowingly and voluntarily signed this waiver with the intent that it be a legally binding document designed to protect Wheaton College and other released parties from all claims which could be brought by myself or anyone else on account of injury, death or distress to me, regardless of cause or fault.

Date of Field Trip: _____

Destination: _____

Course #: _____

Signature of student: _____ Date: _____

Home address: _____

City: _____ State: _____ Zip: _____