

ISS Trip Liability Waiver Form

Each student and each guest must sign, print and bring the form below to the ISS trip in which s/he is participating.

I freely choose to participate in the Activity “_____ (name)”, which is to be held on “_____ (date)”. In consideration of being allowed to participate in this Activity, and on behalf of myself, my family, my heirs and my assigns, I hereby release the University at Buffalo (UB), SUNY, and the State of New York and their employees and agents for liability for injury, death, or property loss suffered by me resulting from, or occurring during, my participation in this Activity.

I acknowledge that I know, understand and appreciate that my participation in this Activity includes known and unanticipated risks, which could result in physical and/or emotional injury. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the Activity.

By signing this agreement, I fully assume all risks associated with participating in this Activity and assert that I am voluntarily participating in this Activity. I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial legal rights, including my right to compensation for injury.

I certify that I have no health-related conditions that preclude or restrict my participation in this Activity. I also understand and acknowledge that I will wear or use all safety equipment that applies to undertaking this Activity.

In the event that I become ill or am injured while participating in this Activity, I hereby authorize the University at Buffalo or surrounding municipality to transport me and provide emergency care if it chooses to do so. I understand and agree that I am responsible for arranging for my own health, accident and liability insurance.

I understand that the University at Buffalo (UB), SUNY, and the State of New York and their employees and agents are not agents of, and have no responsibility for, any third party which may provide support or services in support of or associated with this Activity, including but not limited to facilities, equipment, food, travel or other goods.

I further acknowledge that I am signing this agreement freely, voluntarily, and intend my signature to be a complete and unconditional and complete release of all liability for ordinary negligence to the greatest extent allowed by law in the State of New York. (If the participant is under 18 years of age, then the parent or guardian must also sign and date below.).

Family Name

Given Name

Signature