

**NOVA SOUTHEASTERN UNIVERSITY**

*STUDENT ACTIVITIES & LEADERSHIP DEVELOPMENT*

Release of Liability and Assumption of Risk

For and in consideration of being allowed to participate in the Student Activities \_\_\_\_\_ trip on \_\_\_\_\_, to engage in all activities on and during the trip, hereby agree to assume all known and unknown risk in connection therewith. Further, I do hereby release and forever discharge Nova Southeastern University, Inc. (the University) and its trustees, officers, agent and employees (collectively the "Release") from any liability or responsibility from any cause whatsoever, for death or any injury to my person or damage or loss to my property that I may sustain or suffer resulting from or in any manner connected with my participation in the activity/outing.

I acknowledge that my participation I this activity/outing is purely voluntary and is in no way mandated by the University. I further acknowledge that the University does not carry any medical insurance that would cover any medical bills for injury or illness I may suffer resulting from my participation. Consequently, I agree that I will be fully responsible to pay any such bills. I also understand that I will be held accountable for any violations of the student code of conduct while on this trip.

I agree that if a court of competent jurisdiction holds any portion of this document invalid or unenforceable, then the remaining portion shall nevertheless continue in full force and effect.

I HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS, AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW.

Print Name:	Social Security Number:
Student Signature:	Date:

Consent to Admission and Treatment

In the event of injury to the undersigned while participating in the Student Activities \_\_\_\_\_ trip on \_\_\_\_\_ to engage in activities on and during the trip, I hereby authorize Nova Southeastern University, Inc., its agents or employees, to admit me to a facility (including without limitation, a hospital or doctor's office) for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to any such medical treatment. I do not hereby release and forever discharge Nova Southeastern University, Inc., its trustees, officers, agents, and employees from any and all claims and liabilities arising from my admission to such facility from any treatment administered in such facility.

Print Name:	Social Security Number:
Student Signature:	Date: