



TRAVEL RELEASE FORM

For and in consideration of being allowed to participate in the trip going to _____ to take place on ___/___/20___ described in more detail in the attached document, I, in full recognition and appreciation of the dangers and hazards involved in such activity, do hereby agree to assume all risks and responsibilities surrounding my participation in this event and do hereby release and hold harmless Alcorn State University, its Trustees, Officers, Directors, Faculty and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death, which _____ (name of participant) may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of Alcorn State University, of persons acting on its behalf or otherwise.

I understand that Alcorn State University does not, in any manner, serve as principal, agent, or partner of any travel agent, commercial carrier or lodging establishment which may provide services or accommodations to the participants. I have read and understand this release and voluntarily sign this document and participate in this trip.

Please print legibly (block letters) and sign your name. Illegible forms will be rejected and returned.

_____/_____/20_____
DATE

PARTICIPANT/STUDENT PRINTED NAME

PARTICIPANT/STUDENT SIGNATURE

I have read and understand this release and I voluntarily allow my son/daughter to participate in this event.

_____/_____/20_____
DATE

PARENT OR GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE

CONSENT TO ADMISSION AND TREATMENT:

In the event of injury to the undersigned, born on ___/___/19___, Social Security # ___-___-___, I hereby authorize Alcorn State University or representatives thereof to admit me to a facility for emergency medical treatment as may be deemed necessary to my health or welfare. I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release Alcorn State University, its trustees, officers, faculty, and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility. Persons to contact in the event of an emergency are listed below.

_____/_____/20_____
DATE

PARTICIPANT/STUDENT PRINTED NAME

PARTICIPANT/STUDENT SIGNATURE

In the event of an emergency, please contact:

_____ NAME	_____ ADDRESS	_____ TELEPHONE
_____ NAME	_____ ADDRESS	_____ TELEPHONE