University of Massachusetts Lowell
Office of Student Activities and Leadership Development

LIABILITY WAIVER

THE FOLLOWING LIABILITY WAIVER MUST BE SIGNED BY PARTICIPANTS FOR ALL OFF CAMPUS TRIPS SPONSORED BY UNIVERSITY STUDENT ORGANIZATIONS. THIS MAY ALSO BE USED FOR CLASS SPONSORED TRIPS.

This form must be returned to the Office of Student Activities and Leadership Development prior to the trip. Failure to do so may affect coverage by the University Health Insurance Policy.

In consideration of my participation in the
________________________________________________________
(Trip Name)

be held on _____________________________________________
(Dates)

I, ____________________________________________________
(Printed Name)

hereby release and hold harmless UMASS Lowell and its affiliates, its agents, servants, employees, assigns, successors and herein or distributors from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and property loss or damage incurred by me or arising out or in connection with my participation in the aforementioned program to be held at ________________________________________.
(Name location)

I have read the foregoing and am of legal age to consent to this waiver:

Date: _____________________________________________

Signature: _________________________________________

Address: _________________________________________

__________________________________________
(Witness)

Office of Student Activities  Updated 9-02-04