

University-Sponsored Off-Campus Activity Participant Release & Code of Conduct Agreement

Activity Name/Description: _____

Activity Date(s): _____, 20__

I, _____, hereby agree to all of the terms listed below as a participant in the above-listed activity (“the activity”) through the University at Buffalo (“the University”):

1. I recognize that I am participating in the activity at my own risk, and the University is not responsible for my actions or their consequences.
2. I understand that the University’s policies apply during my participation, and I accept responsibility for adhering to those policies.
3. I realize that I am a member of the University community, and therefore, I represent the University and its interests. As such a representative, I understand that any actions I take with respect to the activity can reflect, both positively and negatively, on the University.
4. I acknowledge that my participation in the activity includes risks, both known and unanticipated, which could result in injury, and I further understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
5. By my agreement to participate in the aforementioned activity, I confirm that I understand the risks with regard to my traveling and participating in the activity, and that I shall not hold the University, its agents, employees, or representatives liable for any damages or losses arising from my participation in the activity. Further, I indemnify and hold the University, its agents, employees, and representatives blameless from any damages or losses arising from my participation in the activity.

6. I hereby attest that I am in good health, and that I shall adequately inform the University of any special instructions or medical needs prior to my participation in the activity. In the event of illness or injury, I hereby authorize the activity director or any assigned staff member to obtain emergency or other medical treatment as he or she deems necessary.
7. I certify that I have adequate medical insurance to cover any injury or damage that I may suffer through my participation in the activity. I understand that I am financially responsible for my own medical expenses and that any advance medical payment made by the University shall be reimbursed to the University immediately.

I certify that I have read this Agreement and I fully understand its content. I am aware that this Agreement is a release of liability and a contract, and I sign it of my own free will.

Participant's Signature

UB Person#

Date

Signature of Parent or Guardian (required if
participant is not at least eighteen years of age)

Date

Please print the following information:

Participant's Name: _____ Date of Birth: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Medical Insurance Company Name: _____ Policy # _____

Completed and signed form must be returned prior to participating in activity to:
CAS Program Leader

Participant may not undertake activities referenced in this agreement until signed release has been received by the program leader.