



**Assumption of Risk for Student Travel/Activity**  
**Required Class Travel / Student Organization Travel / Voluntary Transportation**  
(circle all that apply)

The following agreement is designed to inform and protect all participants involved with the stated travel/activity below. Students are asked to sign this document to indicate agreement with its terms prior to the start of the travel/activity. References to Cornell University (CU) include The School of Hotel Administration (SHA).

**Name:** \_\_\_\_\_ **NetID** \_\_\_\_\_ **Cell phone #** \_\_\_\_\_

**Activity:** \_\_\_\_\_  
(Indicate course number / name of student organization / other)

**Date(s):** \_\_\_\_\_ **Location:** \_\_\_\_\_

1. I understand that participation in this activity is voluntary and may subject me to risks relating to or arising out of the activity, including risks associated with travel to, from, and during the activity, as well as to risks associated with my free time during the activity. I have been apprised of the risks, and I agree to assume all risks and responsibility for my health, safety, and property while participating in the activity.
2. In the case that transportation is not provided, and I have chosen to travel in a private passenger vehicle not owned, rented, or controlled by CU, it may be driven by a student driver, not under the supervision of Cornell.
3. I understand that CU shall not be responsible for any delays, substitutions, changes in services or accommodations, or other acts or omissions on the part of providers of transportation or operators of facilities described for the activity or for any changes in the itinerary or schedule deemed necessary or appropriate for the safety or convenience of the participants in the activity.
4. I agree on behalf of myself, my assigns, executors and heirs, to release, indemnify, and hold harmless CU, including SHA, its trustees, officers, agents and employees, from any and all liability, damage, claim of any nature whatsoever arising out of, or in any way related to my participation in this activity, including any act or omission of any third party (rescue squad, hospital, etc.).
5. I fully understand that CU does not provide any accident or medical insurance for such travel/activities. I certify that I have appropriate insurance(s) and hereby agree that I am financially responsible for all such related expenses.

6. **Emergency Contact Information** (Parent/Guardian/Spouse)  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

7. **Medical Information** (in case of emergency – voluntary):  
 List medications you are currently taking: \_\_\_\_\_  
 List any allergies: \_\_\_\_\_  
 List any conditions that may affect your ability to participate in this event: \_\_\_\_\_

*\*I understand that this information will be kept confidential and will only be released in the event of a medical emergency.*

By signing this agreement, I pledge to conduct myself in accordance with all applicable guidelines, regulations, and policies of CU, including SHA, as well those of the host state/organization. I understand that I am representing Cornell University’s School of Hotel Administration and commit to professional and responsible behavior through this activity. I will follow the Cornell Student Code of Conduct, and understand that CU will follow through on consequences for any breach of expectation or the code of conduct.

I certify that I have read, understand, and accept the terms of the agreement and release, and that I join in the agreement without reservation. By my signature, I recognize my responsibility for reading, understanding, and abiding by the conditions printed in this document.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_ **Cornell ID#** \_\_\_\_\_