

APPLICATION FOR PERMISSION TO PARTICIPATE IN A REGISTERED ORGANIZATION'S TRIP AND RELEASE AND INDEMNITY AGREEMENT

I, the undersigned, as a member of _____, do hereby agree and promise the following for and in consideration of my being allowed to participate in a trip to _____, to be held in _____ from _____ to _____, and all activities related thereto.

I have volunteered to travel to _____, for the purposes of participating in _____. I understand that it may be necessary to travel by public and/or private transportation; to stay in public and/or private lodging; and to dine at public and/or private facilities.

I agree and acknowledge that participation in this trip and its related activities is of my own free will. While I realize that I may participate in certain activities. Which are designed to promote and enhance the image and reputation of the State of Florida University System, FIU and most especially the _____, I acknowledge that I am acting neither as an employee nor agent of the State of Florida, the Board of Trustees, FIU or any of their respective officers, employees, or agents.

I agree and acknowledge that I am not entitled to reimbursement of expenses incurred by me during the trip from the State of Florida, the Board of Trustees, FIU or from any of their respective officers, employees, or agents. I understand that I am responsible for the payment of those expenses.

I agree and acknowledge that I will have time for, and may engage in personal activities unrelated to the purpose of the trip while I am in _____. Such activities will be at my sole responsibility and risk.

I further acknowledge that that in the course of the performance of any of the activities which I have voluntarily assumed to perform during the trip, I expose myself to risks, known and unknown, of property damage or loss, as well as personal injury that could be painful, permanently disfiguring or debilitating and fatal. I fully assume these risks, which may include, but are not limited to air travel within a foreign country.

I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS AGREE TO RELEASE, WAIVE, DISCHARGE, AND RELINQUISH AND TO INDEMNIFY AND HOLD HARMLESS THE STATE OF FLORIDA, THE BOARD OF TRUSTEES, FLORIDA INTERNATIONAL UNVIERSITY, AND THEIR RESPECTIVE OFFICERS, EMPLOYEES, AND AGENTS, FROM MY PARTICIPATION IN THE TRIP AND ITS RELATED ACTIVITIES OR FROM PERSONAL UNRELATED ACTIVITIES WHETHER THE SAME SHOULD ARISE BY REASON OF NEGLIGENCE OF ANYONE ORGANIZING OR PARTICIPATING IN THE TRIP OR OTHERWISE, AND AGREE THAT UNDER NO CIRCUMSTANCES WILL I OR ANYONE CLAIMING THROUGH ME,

PROSECUTE OR PRESENT ANY CLAIMS FOR PERSONAL OR BODILY INJURY PROPERTY DAMAGE OR LOSS, OR WRONGFUL DEATH AGAINST THE STATE OF FLORIDA, THE BOARD OF TRUSTEES, FLORIDA INTERNATIONAL UNIVERSITY, OR THEIR RESPECTIVE OFFICERS, EMPLOYEES, OR AGENTS.

I understand that FIU 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 participant in this trip.

I, for myself and any others claiming through me, accept full responsibility for safety and expenses and assume the complete risk of any injury to myself or my property which may arise out of or in the course of my participation in this trip.

I acknowledge that I have read this document carefully, understand its terms and requirements, fully agree to all conditions contained herein and voluntarily sign this document and participate in this trip.

WITNESS

Signature Date

(Name)

(Address)

(City, State, and Zip)

Signature – Parent/Guardian
(Required if under 18 years of age)