

CORNELL LAW SCHOOL

AGREEMENT/RELEASE FOR STUDENT TRAVEL

The following agreement is designed to protect participants in Cornell Law School activities with travel segments. All students are asked to sign this document to indicate agreement with its terms prior to the start of the activity. References to Cornell University include Cornell Law School.

Activity: _____

Date(s) of Activity: _____

Students Participating: (Note that each student must sign a separate Agreement/Release form)

1. I understand that participation in this activity is voluntary and that my participation may subject me to risks inherent in or arising out of the activity, including risks associated with travel to, from, and during the activity, as well as to risks not related directly to the activity but associated with my use of free time during the activity. I agree to assume all risks and responsibility for my health, safety, and property while participating in the activity. I fully understand that Cornell University is not responsible for my health and safety or the safety of my property while participating in the activity, including traveling to, from, and during the activity, or during any free time I may have while participating in the activity.
2. I understand that Cornell University requires all students who participate in the activity to be covered by appropriate accident and medical insurance and that they be financially responsible for all medical expenses that may be incurred while participating in the activity, including traveling to, from, and during the activity. I certify that I have appropriate insurance.
3. In consideration for Cornell University reimbursing all or part of my expenses related to my participation in the activity, I, on behalf of my heirs, successors, and assigns, do hereby release Cornell University, its officers, trustees, employees, agents, and subunits including specifically the Cornell Law School, from any and all liability, damage, or claim of any kind arising out of or in any way related to my participation in the activity (except for that which results from negligence on the part of Cornell University, its subunits, officers, trustees, employees, or agents). This release includes but is not limited to acts of God, and acts or omissions of any third parties such as common carriers, hotels, restaurants, other entities or individuals.
4. I agree to indemnify and hold Cornell University harmless from any damage or liability incurred by Cornell University as a result of any illness I may suffer, including the costs of any medical care, any injury or damage to the person or property of others that I may cause, and any financial liability or obligation that I may personally incur while participating in the activity (other than any amount of reimbursement of expenses agreed to by the Cornell Law School in writing in advance of the activity).
5. I understand that Cornell University 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.

6. I understand that I, as a participant in the activity, am also a member of the Cornell University community and that, by signing this agreement, I pledge to conduct myself in accordance with all applicable guidelines, regulations, and policies of Cornell University as well as the laws of the host state for the activity, and that in the event of my violation of any such guideline, regulation, policy or law, Cornell University's advisor/representative for the activity shall have the right to dismiss me from the activity.

7. **MEDICAL AUTHORIZATION:** In the event that I cannot give my consent, I hereby authorize Cornell University's advisor/representative to consent for me to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician during the period of the activity, including travel to, from, and during the activity.

I, _____, being at least 18 years of age, certify that I have read the preceding agreement 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: _____