Off Campus Activity Agreement

I am signing this agreement as a condition of participating in the following off-campus activity (hereafter referred to as the “Activity”) sponsored by Mary Baldwin University (hereafter referred to as “MBU,” which by this definition includes its trustees, faculty, staff and agents):

Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Off Campus Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of Departure from Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of Arrival to Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty or Staff Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a voluntary participant in this Activity, I agree to abide by all rules and regulations applicable to the Activity and the Code of Conduct established by MBU. I will not encourage, organize, or participate in any activity that I know is illegal including the use of alcohol or drugs by any underage individual. I recognize that risks may be involved in this Activity. I assume all responsibility for participation in this Activity and hereby release MBU from all liability from personal injury, property damage or death which may result either directly or indirectly as a result of my participation.

I believe that I am physically, emotionally, and mentally capable of participating fully in this Activity. If I require medical care as a result of my participation, I take full responsibility for payment of all expenses. I grant MBU permission to authorize emergency medical treatment, if needed, but understand and agree that MBU assumes no responsibility for the fees related to such treatment.

By signing below, I acknowledge that I have read this entire agreement and assume

personal responsibility as a participant of this Activity.

Signature of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian if Participant is under the age of 18:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty or Staff Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_