

**NORTHERN KENTUCKY UNIVERSITY
WAIVER AND RELEASE OF LIABILITY**

I hereby certify that I am over the age of eighteen and by my signature below, I hereby release Northern Kentucky University (NKU), its officers, agents, employees, successors, and assigns from any and all liability, not caused directly by negligence of NKU or its representatives, arising out of or in any way related to my participation in a student field trip to visit (Place of field trip) in (City and State). The group will leave on (Date) at (Time) and return on (Time).

I understand that there will be activities required of me as necessary for participation in the above-related trip and that there is some risk involved in all such activities. I hereby accept that risk.

I understand that the University is providing transportation by University vehicle and that (person sponsoring trip), of(your department) will be accompanying the participants and will be the primary driver.

If I require medical care while participating in the activities of this trip, I authorize NKU through its employees or agents to contact Dr. (Name)

at phone # _____,

or if that is not possible, I authorize NKU through its employees or agents to summon emergency medical care or to take me to the nearest medical facility for purposes of receiving medical care with the understanding that I will not hold NKU, or its employees, agents or representatives responsible for the actions of the agents, representatives or employees of the medical facility and that I will assume any and all responsibility for payment of same. My medical insurance carrier is

_____ and the policy number is _____.

Date: _____ Participant _____.