APPALACHIAN STATE UNIVERSITY (ASU) DEPARTMENT OF TECHNOLOGY ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

Period of Trip:	Sponsor of Trip:	Name of Class /	Program
Nature of Trip:	_ Travel to and from:		
(field trip/tour/etc.)	I a.		estination
Mode of Travel: Type of Travel (pers	conal vehicle/van/etc)	dging at Destination: _	Name of Lodging
Although this activity will be sup supervising faculty member(s) do understand the nature of the progrand death, and property damage participation in these activities consideration of being permitted to property damage.	o not and could not engram and the potential or loss. I assume so and during my trave	sure that participation risks involved, inclusion sole and full responded to and from the	n will be free from risk, and I uding risks of personal injury sibility for my safety during
 I will comply with all instruction during, or after my joining and trave 			sity officials and staff before,
2. I understand the possible risks a above activity and with the travel rereliance upon my own judgment and loss from any cause whatsoever, incrules and regulations or inspect equip	equired before, during, a l ability. I assume all ris luding, but not limited t	and after, and I undert sk of personal injury, d o, my own conduct, th	ake those risks voluntarily in leath, and property damage or e failure of anyone to enforce
3. I release and shall indemnify, d North Carolina, the State of North liabilities, losses, costs, damages, cl including attorneys fees, arising or co or loss, sustained by me as a result negligence or other misconduct on those injuries or property damage of during my joining and traveling in co	n Carolina and their re laims or causes of actio claimed to have arisen o t of any cause whatsoe the part of Appalachian sustained by others as	espective officers, ages on of any kind or natu- out of personal injuries ever, including but not a State University office a result of my own na	nts, and employees from all re whatsoever, and expenses, or death, or property damage limited to my own conduct, eers, agents, or employees, or
I certify that I am at least eighteen activities described above, and comagreement, warranty or representation under eighteen (18) years of age, to parent or guardian.	petent to enter into this on concerning safety or	s agreement. I further liability has been made	certify that no oral promise, e to me. If the participant is
I HAVE READ AND UNDERS' AGREEMENT, I UNDERSTANI ESTATE, AND I SIGN IT VOLUN	D AND AGREE THA		
Signature of Traveler		If under 18, parent or guardian sign	nature required / Relationship to Participant

Parent/Guardian Printed Name

Date

Printed Name