

UTHSCSA STUDENT TRAVEL INFORMATION AND RELEASE FORM

ACTIVITY _____

DATES AND DESTINATION OF TRIP _____

As a participant of the above-mentioned activity, I acknowledge that I am fully aware of the purpose and the details of this trip and nothing physically and/or mentally prevents me from being part of this activity.

I understand that I am required to have continuous medical insurance coverage and a copy of the proof of my coverage shall be attached to this signed form.

Further, I understand that this is an institution-sponsored activity therefore all University rules and regulations apply. When and if any of my behaviors negatively deviates from these standards while on the trip, the incident shall be reported to the Associate Dean of Student Affairs upon my return to campus and appropriate disciplinary measure may result from my actions.

In participating in this activity, I specifically waive any and all claims and causes of action present and future, against the University of Texas System, the University of Texas Health Science Center at San Antonio, their officers, employees, and agents, arising out of my participation in the activity. The waiver includes, but is not limited to, claims for compensation for disability, injury, death, or physical or mental illness or the loss or destruction of personal property that may result in whole or in part from my participation in the activity.

In signing my name below, I certify that I understand the requirements and conditions state herein, and I agree to abide by all University regulations.

NAME OF THE STUDENT (please print) _____

STUDENT I.D. # _____

signature

date

***A copy of the proof of medical insurance coverage should be attached to this completed form.**

Copies: Appropriate Institutional Officer (AIO) and Student

1/18/02