

**Marian University Travel Form**  
**Release & Assumption of Risk**

I certify that I hereby release and forever hold harmless any claim, cause or suit against any agents, employees, representatives and/or members of Marian University which may arise out of my participation in \_\_\_\_\_.

I acknowledge that while on the trip I am a representative of Marian University shall act accordingly. I understand that during this Marian University trip all policies of the University apply and I am responsible for understanding and abiding by the Student Code of Rights and Responsibilities. I will abide by all University, and travel policies. I recognize that I can be held financially responsible for any damages incurred by my actions. Further, I acknowledge that this is a substance-free University sponsored event. I will not consume any alcohol or illegal substances on this trip, regardless of age.

If I do not abide by these expectations, I understand that actions will be taken accordingly by Marian University representatives. These actions could include, but are not limited to, immediate return to Marian University at my expense, as well as further action through the Student Conduct process.

I am physically and emotionally able to participate in all activities and travel involved in this trip. By signing this document I am stating I understand and agree to all of the above policies and statements, as well as any additional policies related to participation, expenses, immunizations, and preparation conveyed by Marian University and its representatives.

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Student Signature

Printed Name

Date

**Marian University Travel Form**  
**Emergency Information**  
**Note: All blanks must be completed**

First & Last Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

**Emergency Contacts** (note: these are the people Marian University will contact in case of emergency):

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Alternate Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Insurance information** (note: this information will be provided to medical personnel should you need medical attention at any time during this trip):

Insurance Company: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Policy Number and Group Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**Medical Information:**

Please list any medications taken on a regular basis, contact lenses, etc...

Please list any allergies:

Please list all medical conditions that the Marian University staff may need to know in case of an emergency:

I grant Marian University, or any of its designated representatives, full authority to take, at my expense, any action deemed necessary to protect my health and safety. If such actions are taken to ensure my safety, I hereby waive any healthcare provider/patient or counselor/patient privilege. I further consent to health information being disclosed to University personnel, including but not limited to, school administration and or staff as necessary. Marian University personnel may contact my family, and emergency contacts as listed, in case of an emergency.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date