University of Delaware
Summit Outdoor Orientation Program

Student Name: __________________________
Signature: __________________________
Date: __________________________

Agreement of Responsible Travel and Program Participation

Traveling and participating in programs away from your university campus incurs certain risks. These risks are minimized by the exercise of reasonable care, which includes a knowledge of and adherence to all safety considerations and guidelines for the locality to which you are traveling and where you will be living and participating in program activities, and familiarizing yourself with various local conditions/situations that may impact your environment, as explained at the Summit Orientation and by your Summit Leaders. While participating in program activities both on- and off-campus, you assume responsibility for your own health, safety, academic, and program performance. By participating in the Summit Outdoor Orientation Program, you are agreeing to travel and participate responsibly, to adhere to all applicable college/university policies, rules, and laws, and otherwise to represent the Summit Program and the University of Delaware well in both your service and personal conduct. We ask that you share this written agreement with your parent(s)/guardian(s).

Conditions of Participation

Acknowledgement of Risk and Statement of Responsibility. My participation in University of Delaware's Summit Outdoor Orientation Program for 2014 is voluntary. I acknowledge that there are risks inherent in my traveling and living away from my campus and I agree to assume and accept all risks and responsibility for my health, safety, and property while participating in this program. Without reservation, and on behalf of myself, my heirs, and my estate, I release the University of Delaware ("the University"), its officers, trustees, agents, and employees, including, but not limited to, any Summit Leader accompanying or directing this program, from any claim or liability of whatever nature arising out of, or in any way related to my participation in this program, including, but not limited to, injury, loss, damage, accident, medical or other expense from any cause whatsoever (including but not limited to, sickness, accident, weather, act or omission of a common carrier, landlord, hotel, restaurant, private or government internship provider, or other agency or entity). I understand that the Summit Program and the University of Delaware reserve the right to make cancellations, schedule adjustments, fee changes or other changes/substitutions in the program as necessary given changed conditions, emergencies, or in the interest of the group and/or program.

I will comply with the University's policies and standards for student conduct and off-campus travel, all University and Summit Program guidelines, rules and standards, all laws and regulations of the locality of my program, all directives of my Summit Leaders, and conduct myself professionally at all times. I understand that alcohol abuse or other substance abuse will be considered a serious offense against program protocol and will result in my immediate dismissal from the program. I understand and agree that if I violate any of these, or otherwise demonstrate behavior that is detrimental to the group, the Summit Program, or University of Delaware, I may be dismissed from the program and send me home at my expense. I further
agree to participate in all Summit Program activities, and to put forth my best effort throughout the Summit Program.

I represent that I am able, with or without accommodation, to participate in this program. *(On a separate page, please explain any disability accommodations needed, and any required medications, allergies, or other health conditions that program personnel should be aware of or that could adversely affect your full participation in the program.)* I assume complete financial responsibility for any medical expenses that arise during my participation in this program and I understand and agree that the University of Delaware shall not be responsible for the payment of any medical expenses on my behalf. Should I require any medical treatment while on the program, I grant the University, or any designee thereof, full authority to consent to whatever action they feel is warranted under the circumstances regarding my health and safety, including medical treatment or evacuation, all at my own expense.

Insurance Company: _________________________ Policy #: __________________________

Participant Signature: _________________________________ Date: ___________________

Signature of Parent/Guardian (only for participants under 18 years of age)

___________________________________________________ Date: _______________