

INFORMED CONSENT/TRAVEL WAIVER + BOWLING

I, _____ (students name), will be participating in a trip with _____
(name of organization), traveling to _____ (place) on _____ (date or
date range) in _____ (name of city).

I am a driver on this trip.

I am not a driver on this trip.

I recognize and acknowledge the following:

- That travel to and from the site via _____ (mode of transportation) entails risks of bodily injury or property damage.
- If driving, that I have a valid Drivers License and carry the legal limits of automobile insurance.
- That by voluntarily providing transportation for other individuals to and from the site, I may be liable for bodily injury or property damage assumed or incurred by these individuals.
- My participation on this trip is voluntary and is neither required nor is it part of any course or curriculum requirement.
- That I am physically able to participate in the trip activities and know of no disability that would prevent my participation.
- That while traveling in _____ (name of city) there is risks of bodily injury or property damage caused by or resulting from trips, slips, falls and other forms of physical harm.
- That participation is voluntary and it is at my own risk;
- That while traveling I should carry appropriate copies of photo identification and health insurance identification.
- That I understand that alcohol is prohibited at Rutgers University events. If I am found in possession of alcohol during any part of this trip, including travel to and from the site, I will be removed from _____ (name or student organization) and will face all judicial ramifications.
- I am aware of the inherent risks of bodily injury associated with bowling activities. I realize that those risks include bad decision-making. I understand that there are unforeseeable unexpected accidents, and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to advise the Trip Leader or Officer of the student organization if I do any damage or notice any damage. I agree to abide by all rules set by the student organization and if the Trip Leader/Coordinator makes a specific request of or instruction to me, I agree to comply.

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- I acknowledge that my participation is voluntarily assume the risks of bodily injury and property damage, which may be incurred as a result of participating in bowling activities. I agree to assume all risks of personal injury.
- That in the event that a need for emergency medical services arises, I authorize and consent to such service being provided and assume the cost thereof;
- I am fully aware and thoroughly informed of the hazards of bowling; further, I have read and fully understand the following:

A. Bowling is a physical activity involving heavy exertion. A bowler must be in good general health, free from cardiovascular and respiratory disease, and have good exercise tolerance.

D. The individual bowler must realize that he/she is ultimately responsible for his/her own safety. It is clearly the bowler's responsibility to refuse to participate if, in his/her judgment, conditions are unsafe.

Notwithstanding these risks, I, for myself and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees, agents, the student organization, its officers, agents, trip leaders, activity coordinators, or members from any and all claims, demands, actions, causes of actions, costs and expenses for and by reason of any personal injury, death or property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by me in consequence of and as a result of a certain accident, casualty or event or my presence or activities in connection with this participation. I also agree to indemnify and hold harmless Rutgers for injuries sustained either to me and/or caused by me to others during this participation. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known or unknown.

It is further understood and agreed that this waiver, release, indemnity and assumption of risk is to be binding on my heirs and assigns.

Participant's Name (Print)

RUID

Participant's Signature

Date

Emergency Contact's Name

Emergency Contact's Phone Number

I have the following health conditions and/or allergies that trip coordinators should be aware of:

Health Insurance Carrier's Name (Non-Rutgers guest only)

Policy Number(Non-Rutgers guest only)