



**RELEASE OF LIABILITY, ASSUMPTION OF RISK INDEMNIFICATION STATEMENT**

Lawrence Technological University ~ 21000 W. Ten Mile Rd, Southfield, MI 48075

An individual or his or her parent/guardian (if the individual is under 18 years of age must complete this form for each LTU sponsored program in which he or she participates. This form must be returned to the LTU faculty/staff sponsor.

The undersigned hereby releases Lawrence Tech, its agents, officers and employees from all responsibility and any liability for any injuries, illness, and or/loss which may result from or arise out of, or be connected with any participation in the College's program known as: **LTU Day Trips.**

In signing this release I acknowledge that while LTU will take all necessary precautions to ensure my safety, any travel and/or program offered by the college may be dangerous and may result in harm to me and my property. I voluntarily accept and assume these risks and dangers and release LTU from all responsibility and any liability for any injuries and/or damages which may result from my decision to participate in this program.

I further promise, covenant and agree not to bring commence prosecute or maintain, or cause or permit to be brought commenced prosecuted or maintained any suit or action either at law or in equity in any court in the United States or in any state thereof or elsewhere against LTU, its agents, officers and/or employees for personal injury, property damage or any other type of loss arising out of or in any way connected with my participation in said program.

I also agree to indemnify and hold harmless LTU its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of my participation in said program.

I authorize college personnel or representatives to approve emergency medical treatment for myself in the event of injury or illness during my participation in the program. I represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while in the program and more specifically in the countries in which I will be living and/or traveling while on the program.

I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives and next of kin. My signature denotes my understanding of and agreement with this statement and its implications.

I agree that this document shall be interpreted and governed by the laws of the State of Michigan.

I agree that if any provision of this document shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision of this document.

**IN WITNESS WHEREOF**, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Printed name of legal parent/guardian if required)

\_\_\_\_\_  
(Printed Name of Program Participant)

\_\_\_\_\_  
(Signature of legal parent/guardian if required)

\_\_\_\_\_  
(Signature of Program Participant – if over 18)

\_\_\_\_\_  
(Printed name of Witness)

\_\_\_\_\_  
(Signature of Witness)

**PLEASE LIST ANY KNOWN ALLERGIES, ETC. OF THE PROGRAM PARTICIPANT:**

**EMERGENCY CONTACT INFORMATION:**

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Phone Number