



SAINT LOUIS
UNIVERSITY

Event Participant Expectations and Release Agreement

Conference and/or Program (hereinafter, "Event"): _____

Event Date: _____ Location: _____

Participant's Name & ID #: _____
Please Print Banner ID #

Faculty/Staff Advisor or Sponsor in attendance: _____

Saint Louis University Assistance: I understand that Saint Louis University (hereinafter, the "University") supports my attendance at the Event on the date(s) and at the location set forth above. I understand that the University and its agents will provide assistance in the ways indicated below. I further understand that I am responsible for everything else related to my participation and acknowledge that I have sole responsibility for my person, property and personal possessions.

TRANSPORTATION

University will provide transportation that will include:

- University Vehicle _____
- Rental Vehicle _____
- Airline _____
- Train _____
- Bus _____

Student will provide transportation ___ Yes or ___ No
Student will be reimbursed ___ Yes or ___ No

MEALS

Meals covered in cost/registration ___ Yes or ___ No
University will pay ___ Yes or ___ No
Student will pay ___ Yes or ___ No

COST OF ATTENDANCE or REGISTRATION FEE(S)

Total Cost: \$ _____
University will pay ___ Yes or ___ No
Student will pay ___ Yes or ___ No
Cost or Fee(s) Waived/Reduced by \$ _____
University will pay remaining ___ Yes or ___ No
Student will pay remaining ___ Yes or ___ No

HOUSING

University will reserve and pay ___ Yes or ___ No
Student will reserve and pay ___ Yes or ___ No

Participant Expectations: I recognize that my participation is a reflection of the University and its values and standards. Therefore, I understand that I shall serve as a positive role model and comply with all terms and conditions of the Code of Conduct, including, but not limited to, hazing, use of alcohol and/or drugs, use of violence and firearms and violation of any sexual harassment policies while attending the Event, including travel to and from the Event. I am fully aware that failure to adhere to these and other University policies may result in my immediate removal from the Event and may result in being referred to the University's Office of Student Conduct. I further understand that my removal from the Event will result in a loss of all Event privileges and that any associated fees and costs will be forfeited entirely. I also understand that if removed from the Event, I am financially responsible for my return travel to the University.

Waiver: In consideration of being permitted to participate in the Event, I, for myself, my family, my heirs, personal representatives or assigns, do hereby release, waive, and discharge and covenant not to sue the University, its Board of Trustees, its officers, servants, agents, or employees from any and all liability, claims, demands, rights, and causes of action of whatever kind or nature,

arising from and by reason of bodily and personal injuries, including death, loss or damage to property and the consequences thereof, resulting directly or indirectly from my participation in the Event.

Assumption of Risks: Participation in the Event as well as travel to and from the Event carries with it certain inherent risks. The specific risks vary from one activity to another, but the risks may include, without limitation, minor injuries such as scratches, bruises, and sprains to major injuries such as paralysis and death. Personal injury may also result from an unfamiliar or different environment, cultural and social setting; unfamiliar and different food and drink; risks of travel by airplane, bus, van, car, or other private or public transportation; weather; natural disasters; theft; and unforeseen activity by third parties. I know, am fully aware, understand, and appreciate these and other risks that are inherent from participating in the Event and all of its related and unrelated activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may sustained by me, or any loss of damage to property owned or used by me, as a result of being engaged in such an activity, whether caused by the negligence of the university or otherwise.

Indemnification and Hold Harmless: I and my family agree to defend, release, indemnify, and hold the University, its trustees, officers, employees and agents harmless from and against any and all liability, claims, suits, actions, damages, settlements and expenses, including reasonable attorney’s fees, arising out of injuries to persons or damages to property in connection with the Event activities and use of the Event or the University’s facilities or equipment, whether from an occurrence at the property of the Event facility itself, an occurrence during the Event, before or after Event, going to and from Event or otherwise, and notwithstanding any negligence that might be alleged against, or attributed to the university or any person indemnified hereunder.

Institutional Arrangements: I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any transportation carrier, hotel, organizer, or other provider of goods or services involved in the Event.

Health and Safety: I understand that I am responsible for my personal medical needs. There are no health-related reasons or problems that restrict my participation in the Event, or, if there are, I have made appropriate arrangements relative to my healthcare. If I need special accommodation considerations, I understand that I must contact either the event coordinator or Saint Louis University Disability Services at least 72 hours prior to this event. I understand that I am solely responsible for maintaining health insurance. I confirm that I am covered by health insurance that will meet any and all needs or will pay medical costs while I participate in the Event. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefor. If I require medical treatment or hospital care during the Event, the University is not responsible for the cost or quality of such treatment or care, notwithstanding any decisions made by the University or others relative to my healthcare.

Severability: I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this form and have had the opportunity to consult legal counsel relative to understanding the legal consequences of its terms. I understand that I may be giving up substantial rights, including my right to sue. It is my express intent that this Agreement shall bind members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased. This Agreement shall be construed in accordance with the laws of the State of Missouri. I acknowledge that I am signing this Agreement freely and voluntarily, and intend by my signature to be legally bound by the terms and conditions set forth herein.

It is my responsibility to inform my parents or guardian of this activity. Please print Emergency Contact and phone number below.

Signature of Participant

Date

Signature of Parent (If Participant is a Minor)

Date

Emergency Contact Information: _____
Please Print Name & Phone Number