



TRAVEL RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Trip Details:

Destination: Eastern Washington and/or north and central Idaho

Dates of Travel: Oct. 3-4, 2025

Traveling Group/Organization: Rural Reporting Plunge

Student Information:

Full Name: _____

Student ID Number: _____

Phone Number: _____

Email Address: _____

In consideration for the opportunity to participate, I voluntarily agree to assume all risks involved in my participation or traveling to or from it. I understand that if I voluntarily participate, I expose myself to risk of personal injury and/or death and property damage or loss including, but not limited to, the following, and here by agree to the following terms and conditions related to my participation in the college sponsored trip listed above.

- 1. Compliance with College Policies: I understand that I must comply with all applicable college rules, regulations, and policies during the trip. Specifically, I agree to the following:
- No drugs: I will not possess or consume any illegal drugs at any time during the trip.
- No alcohol on lodging premises: I will not consume or possess alcohol in any lodging or hotel room.
- No underage alcohol consumption: I will not consume alcohol if I am under the legal drinking age.
2. Liability and Responsibility:
- I am solely responsible for my actions during the trip and will hold the college harmless for any personal injury, property damage, or legal issues that may arise as a result of my behavior.
- I understand that any damage caused to lodging, hotel property, or other facilities due to my actions will be my financial responsibility. I agree to either:
 - Pay the hotel or facility directly for any damages, or
 - Reimburse the college for any costs incurred by the college in settling damages.
3. Changes to Trip Transportation:
- I understand that transportation arrangements for the trip may change due to unforeseen circumstances. In the event of changes to trip transportation (such as transportation mode, route, or schedule), I may be required to pay additional fees or cover the costs of these changes. I agree to be responsible for any additional fees or costs associated with changes in transportation.



4. **Medical Emergencies and Health Insurance:**

- o In the event of a medical emergency, I authorize college representatives to seek emergency medical treatment on my behalf, including but not limited to transportation to a medical facility and necessary treatment.
- o I acknowledge that I am required to bring and carry my own **health insurance card** during the trip and understand that I will be responsible for any medical expenses incurred during the trip, including treatment, transportation, and related costs.

5. **Indemnification:** I agree to indemnify and hold harmless, to the full extent permitted by law, Washington State University, the college, its employees, agents, and representatives from any and all claims, damages, or liabilities that may arise due to my actions or behavior during the trip.

6. **Emergency Contact Information:**

- o In case of an emergency during the trip, I authorize the college to contact the following person(s) on my behalf:

Name: _____

Relationship: _____

Phone Number: _____

7. **Acknowledgment of Risks:** I understand that travel may involve certain risks, including those associated with transportation, accommodation, and other activities. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that WSU cannot specifically anticipate and list here.

I also understand I may be exposed to various infectious pathogens known to cause illness and disease in humans, including, but not limited to SARS-CoV-2. I am aware SARS-CoV-2, which causes COVID-19, is circulating within the community, and within shared space settings. I voluntarily and freely agree to knowing the risks of contracting COVID-19 and other respiratory illnesses during this experience. Such risks include, but are not limited to, respiratory failure, organ failure, death, aggravation of existing health conditions, stress, social-stigmatization, and/or spreading the infection to others.

Release of Liability:

I release the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses, that I may sustain as a result of my participation in the above event. My participation includes, but is not limited to, travel to and from the event in a private or public vehicle, and any activity connected with the event itself, and while using state equipment or facilities for the event whether on or off WSU property.

I have carefully read this document, understand its contents, and am fully informed about this event and circumstances and being apprised of the risks inherent in the activity, assume the risk of participation and release WSU from liability as set forth herein. I am aware that this document is a contract with WSU. I, or my parents/legal guardians if I am under the age of eighteen, sign it freely and voluntarily.

Student Signature: I hereby agree to the terms and conditions listed above.

Participant Signature: _____

Participant Name (print): _____ **Date:** _____