



Informed Consent for Off-Campus Experiences

Participant's Name _____ Date of Birth ____/____/____ Cell Phone: (____) _____

Permanent Address _____

City _____ State _____ Zip Code _____

I, _____, am a student in the _____
[LDST course number and title]

class in the Jepson School of Leadership Studies at the University of Richmond.

I understand that there are risks inherent to any off-campus experience, including but not limited to the risk of serious personal injury. I understand that neither the University of Richmond (the "University") nor my professor or the organizers of the off campus experience can guarantee my health or safety. I hereby assume all risks associated in any way with any off-campus experience in which I may participate.

I understand that the University may prescribe rules and regulations for safety in this program, and I agree that it is my responsibility to abide by these measures for not only my safety, but the safety of everyone involved. In particular, I have read and understand the University of Richmond [Guidelines for Students in the Community](#) and am aware that I can get information about various areas of Richmond at <http://oncampus.richmond.edu/administration/police/prevention/areastats.htm>. I understand that failure to abide by these measures could put my health or safety at risk. I understand that the University strongly recommends that I carry health insurance that will cover any required medical care, and that it is my responsibility to carry evidence of any such coverage with me.

I hereby release, indemnify and hold harmless the University and its officers, trustees, directors, employees, faculty, host sites and agents from any and all damages, claims, actions, liability and expenses (including costs of judgments, settlements, court costs, and attorney's fees), regardless of the outcome of such claims or actions, arising out of or relating in any way to my/our participation in an off-campus experience. This Release shall bind me and my heirs, successors, legal representatives and assigns and inure to the benefit of the University and its officers, trustees, directors, employees, faculty, host sites and agents and their respective successors and assigns.

I agree: Yes No

Informed Consent for Release of Information: By signing below, I grant permission for the Jepson School to use my name; any photos, film, or videos of me or my likeness; and/or any other identifying information about me, in legitimate accounts of my work and experience as a participant.

Signature of Student

Date

Signature of Parent/Guardian (if student is under the age of 18)

Date

Emergency contacts:

Parent/Guardian _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Parent/Guardian _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

In an emergency when parents cannot be reached, please contact:

Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____