

Shippensburg University Student Government Association



Student Group Trip Itinerary



This form must be completed for any student group travel that takes place outside of a **10 mile radius** from **Shippensburg University**. The form must be submitted to the SUSSI Office, sussi@ship.edu by **12:00 p.m. on the last business day before travel**. Any changes in travel plans or persons traveling, which occur after the travel form has been submitted, should be reported to the SUSSI Office, sussi@ship.edu or by phone at 717-477-1730.

In consideration of permitting me to participate in _____ (*program/event*), to take place at _____ (*location*), on _____ (*date/s*).

I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH HEREAFTER ACCRUE TO ME, AGAINST SHIPPENSBURG UNIVERSITY OR SHIPPENSBURG STUDENT SERVICES, INC. AS A RESULT OF MY PARTICIPATION IN THIS EVENT. This waiver is intended to discharge Shippensburg University and Shippensburg University Student Services, Inc., its auxiliary organizations, their trustees, officers, employees and authorized volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in this event, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above. I further understand that accidents and injuries can arise out of transportation to and from, and participation in this event. Knowing the risks however, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed to get this waiver, release and assumption of risk is to be binding on my heirs and assigns. This event will begin and end at (location). I realize that I am responsible for my own transportation and any injury or loss resulting thereof, if I do not depart or return in university provided or coordinated transportation.

Name of Student submitting this form _____ Date _____
(*please print*)

Name of Student Group Trip Leader _____

Name of Student Group Advisor _____
(*please print*)

Signature of Student Group Advisor _____ Date _____

Return completed form to: SUSSI Office
CUB Room 204

Office Hours: M-F 8:00 a.m. – 4:00 p.m.
Office Telephone: 717-477-1730 Email: sussi@ship.edu

