

ASSUMPTION OF RISK FOR ELECTIVE SCHOOL TRIPS

Class _____ Semester & Year _____

Instructor's Name & Signature _____ Date _____

Release of Liability

We, the undersigned University of Virginia students, wish to participate in class field trips to various places on various days during the current semester. We recognize that these trips are not required by the University and are not required to earn a degree from the University. We further understand that, while the University has taken reasonable steps to assure that these trips will not create unreasonable risk, the University will not control the operation of any vehicle to be used on these trips, nor will the University or its officers, employees, or agents be responsible for any harm that may occur in connection with these trips, except for such harm as may be caused by the gross negligence or willful misconduct of the University.

PRINT NAME

SIGNATURE

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(Additional signatures may be added on additional forms)

Name and Signature of parent or guardian of any students under 18:

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