

## TRAVEL RELEASE

I have registered for a University of Redlands course that includes excursions outside of the classroom. I am hereby releasing the University of Redlands and any cooperating university or agency, and their respective officers and agents, from any and all claims and causes of action arising out of any travel or activity conducted by or under the control of the University.

I am physically and mentally capable of participating in this excursion and I understand that I am responsible for arranging for any necessary medication(s) or vaccination(s).

I certify that I have such insurance as I deem relevant for my needs throughout the excursion and acknowledge the University and its agents have no responsibility to assume payment for care not covered. I understand it is my responsibility to determine the nature of my coverage and to secure supplemental coverage for sickness, accident, and trip cancellation as needed.

I hereby certify that I have received and understand completely all waiver issues submitted by the University and signed by me, and that I have received and understand completely all information including but not limited to particular issues of safety, safe conduct, and the laws and customs of the locations to which we will travel.

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Name (please print)

ID Number

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Signature

Date

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SOAN 347

Redlands & Environs

Spickard

Course Number

Location

Professor