

IWU University Sponsored Off-Campus Travel Form

I, _____, am a student at Illinois Wesleyan University (IWU). I will be traveling off-campus on (date/time): _____

with staff/faculty member (name) _____

for the purpose of (please describe) _____

In order to participate, I verify that (please initial by each line):

_____ I will follow all standards of student conduct established by IWU as well as the standards of conduct required by the activity and venue we visit.

_____ I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating.

_____ I am prepared to fully participate in this program. If needed, I have met with the faculty member and/or the IWU Accessibility Services office about accommodations.

_____ I hereby release IWU or its employees and agents for any damages or injury (including death) caused by, deriving from, or associated with my participation in this off-campus experience.

_____ I give IWU permission to use my likeness in a photograph, video, or other digital media in any of its publications and understand that all photos are the property of IWU.

_____ I understand that students should not transport themselves or other students to University sponsored activities without prior approval.

Any important information related to off-campus travel that facilitators should know:

I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

Print Name of Student: _____

Signature of Student: _____ Date: _____

Printed Name & Signature of of Parent/Guardian (required if student is under 18):
