

Instructions for Completing a Voluntary Assumption of Risk and Informed Consent Form (T8)

Each student traveler must complete and sign the Voluntary Assumption of Risk and Informed Consent Form (T8) and submit it to the appropriate travel coordinator before the date of departure. A traveler (aka student) may not travel if a T8 has not been received. The travel coordinator must store all T8 forms with all other coinciding travel documentation. Note: This form can be partially completed by the travel coordinator by typing the information in the designated areas and photocopied for the total number of travelers expected on the trip. The traveler will then return the completed form to the trip coordinator for record keeping.

1. Enter the first and last name of the traveler.
2. Enter the trip name/activity and location (match to all other coinciding travel documentation). (example: National Cowboy & Western Heritage Museum, OKC, OK)
3. Enter all activities related to the trip. (Example: passenger in a vehicle, walking, climbing stairs, sitting, standing & walking for long periods of time, riding a rollercoaster, ice skating, etc.)
4. The traveler or a parent/official guardian must initial the Medical Treatment Authorization section.
5. Enter the traveler's emergency contact's first and last name.
6. Enter the emergency contact's relationship with the traveler.
7. Enter a valid telephone number the traveler's emergency contact can be reached at any time.
8. Enter the traveler's birth date (month, day and year). (Example: 5/16/2003)
9. Enter the traveler's age at the time of the trip is to occur. (Example: 18)
10. Enter the first and last name of the traveler. If the traveler has a nickname, please use the traveler's official name that matches school records.
11. Enter the traveler's student CU ID number. If the traveler does not have a student CU ID, enter N/A on this line.
12. The traveler must sign this line.
13. Enter the date the traveler signed the document (T8). (Example: 5/11/2021)
14. Enter the traveler's current address including the house number (& apartment or duplex number/letter, if applicable), street name, city, state and zip code.
15. Enter a valid telephone number for the traveler line for the traveler, including area code. (Example: 580-602-8976.) If the traveler does not have a telephone, enter the telephone number of the parent/official guardian OR – someone who is close to the traveler that can be contacted to reach the traveler.
16. If the traveler is under 18 years of age, a parent or official guardian must be entered on this line. If this section is not completed, the underage traveler may not participate on the trip.
17. A parent or official guardian must sign on this line.
18. Enter the date of the signature by the parent or official guardian.

voluntary assumption of risk and informed consent

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in off-campus activities.

Cameron University is a state educational institution. References to Cameron University include its Board of Regents, officers, agents, faculty, employees, volunteers, students, student organizations, and administrative organizations.

I (print your name) (1) Name of Student

freely choose to participate in the Cameron University
Activity/Trip (name) (2) Name of trip and location.

which may include the following activities: (3) List of activities, i.e.,
walking, climbing stairs, sitting for long periods, etc etc.

I understand that Cameron University is not an agent of and has no responsibility for any third party that may provide services including, food, lodging, travel, or equipment. Cameron University has not reviewed the qualifications of the activity organizer or sponsor and does not endorse or sponsor the program or its safety or quality.

I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at <http://www.travel.state.gov> and the Centers for Disease Control Travelers Information at <http://www.cdc.gov/travel> for health and immunization information, and any other information that the activity organizer, sponsor, or the University may provide.

Despite precautions, accidents and injuries can and do occur. I understand that the activity/trip and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the activity/trip. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITY/TRIP** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization

(4) (Initial) I (Student) authorize Cameron University to act on my behalf in any medical emergency.

EMERGENCY CONTACT

Name: (5) First and last name of emergency contact

Relationship: (6) Relationship to the student traveler

Phone Number: (7) Valid telephone number

Release from Liability, Indemnification Agreement and Covenant Not to Sue

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE, Cameron University from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the activity/trip.

I assure Cameron University that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the activity/trip.

My signature below indicates that I have read, understand, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is (8) enter the student's birthday (day/month/year) (month/day/year), and that my present age is (9) student's age and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be a broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

IMPORTANT READ ENTIRE AGREEMENT BEFORE SIGNING

My signature below indicates that I have read, understood and freely signed this agreement.

Name: (10) First and last name of student traveler

Student ID Number: (11) CU ID# for the student traveler

Signature: (12) The student must sign here.

Date: (13) Enter the date this document was signed

Address: (14) Enter the student's full address (street address, city, state and zip code

Phone(s): (15) Enter the student's valid telephone number

IF PARTICIPANT IS UNDER AGE 18:

Parent/Guardian's Name: (16) only needed if student is under 18

Parent/Guardian's Signature: (17) Only needed if student is under 18

Date: (18) Date signature signed by parent.