

## **TRANSPORTATION LIABILITY WAIVER**

*The following statement is to be read carefully by individuals who are enrolled in and/or participating in off-campus activities supervised by Binghamton University Health and Wellness Studies Department staff.*

There is an inherent risk involved in **TRANSPORTATION TO AND FROM ACTIVITY SITE** such as: Injury or death related to motor vehicular accidents, slip, falls, unforeseen delays and schedule changes.

I assume upon myself any of the risks that may be attendant upon my choice of transport to and from the Binghamton University campus. I agree to save and hold harmless the State University of New York for any injuries or problems that might arise out of the means of transportation I chose.

I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks NOT specifically identified.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME (PRINT):** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN (If under the age of 18):**

**x** \_\_\_\_\_ **Date:** \_\_\_\_\_