

St. Bonaventure University Service Trip Participant Commitment & Agreement

I understand that, as a Participant, I am responsible to be a participant and leader in some activities of the team before, and all activities during and after the trip? This includes attending some weekly meetings (1-2 hours), a pre/post retreat, and regular meetings with the team's coordinator.

Yes No

I agree to support the team participating in all of the fund-raising activities of the team according to St. Bonaventure University guidelines for support/fundraising within the given time frame.

Yes No

I understand that, as a Participant, I am responsible for upholding and enforcing St. Bonaventure University policies and procedures for the duration of the team experience.

Yes No

By joining this team, I understand that I am expected to exhibit appropriate behavior (both culturally and morally) on this trip. I understand that St. Bonaventure University reserves the right to bring me home at my own expense if I behave in a way that is detrimental to the team or offensive to our hosts.

Yes No

I understand my responsibilities and commitment level as a Participant and am ready to commit to serving my team through helping them develop and prepare as a team for their service experience.

Yes No

I understand that if I do not fulfill the above requirements or choose to drop out of the team (other than a personal or family emergency) my deposit is non-refundable and if I raised support I will write a letter to my supporters explaining the decision and that their support will remain in the account to support the team.

Yes No

I willingly participate in this trip as a servant and learner (not as a tourist) and will make myself available to make this trip a success. Yes No

Signed _____ Date _____

Please print your name _____

Risk Awareness/Travel Agreement

For trip to _____

The terms and conditions for me to participate in this University-sponsored travel to and from the activity I wish to participate in, the activity itself and activities undertaken that are adjunct to the activity are as follows. I freely agree:

I understand:

Fully and appreciated that there are dangers, hazards, and risks directly or inherently involved in the University sponsored activities that I wish to engage in.

The risks associated with traveling during this University-sponsored trip to and from the activity or for any independent research or activities that are undertaken as an adjunct to the activity.

There is always potential for loss of limb or even life to others or myself for participating in this activity.

That the University will not have medical personnel available during this trip and associated activities and that the University personnel may authorize emergency medical treatment, if necessary, with or without the consent of the student/guardian.

That the University is not requiring me to participate in the travel, the activity, or any adjunct activities of this University sponsored event.

That by sponsoring the trip, the University does not guarantee transportation. I shall not hold St. Bonaventure University liable for any damages whatsoever resulting from the performance or delay in performance of any common carrier or other person providing transportation or services incidental thereto.

That I will not partake in drugs or alcohol in any form while on the trip.

That as a participant on this trip, I am representing St. Bonaventure University and will do so to the best of my ability.

I state:

That I have informed the team leaders about any medications I am currently taking, any allergies that I may have and my current immunization record.

That I have no health-related reasons or problems, which could in any way, preclude or restrict my participation in the activity.

That I have adequate health insurance.

That I have received a copy of St. Bonaventure University's Student Handbook during my college experience and am aware that the rules and regulations explained in the Handbook apply to this trip.

I will:

NOT hold the University, its Trustees, agents and/or employees (collectively "St. Bonaventure University") liable for any personal injury, loss of life or damage of property sustained by me on this trip.

I will:

Indemnify and hold St. Bonaventure harmless against any claim made against it by any party for personal injury or loss or damage of property caused or allegedly caused in whole or in part by my own actions, whether intentional or negligent, on the trip, or allegedly caused by person(s) on the trip whose identities cannot be determined. In such a situation, I agree to pay my pro rate share of said damages.

Fully obey all local, county, state, federal laws and ordinances while on this trip, and will also fully comply with the rules and regulations contained within the St. Bonaventure University Student Handbook.

Understand that I am responsible for myself and my actions. If I am hospitalized or incarcerated and said hospitalization or incarceration extends beyond the length of the trip, St. Bonaventure University shall not be responsible for me, and no University representative shall be obligated to remain with me.

Agree that, for just cause, the University has the right to send me home from the trip early. I shall be responsible for my own transportation and expenses if any; for just cause in the event the University exercises its right under this paragraph. I also understand that I will have to pay for any additional expenses incurred to the group related to an early departure.

The person or persons designated by St. Bonaventure University as trip leaders or chaperones shall be considered by all attending the trip and activities as in charge of the trip and their reasonable directives shall be fully obeyed at all times.

I realize it is my responsibility to be on time for all departures and if the transportation leaves without me, it is solely my own responsibility to find and pay for any alternative transportation I may need.

Legal beverages and smoking are not permitted in any motorized vehicle.

I represent that I have read the Risk Awareness and Travel Agreement completely and understand all the terms and conditions of this agreement.

Participant Name-Print

Participant Name-Signature

Date

Team Leader/Activity Chaperone-Signature
Student, Faculty, Administration, Staff, Other (Circle One)

Date

University Ministries Representative

Date