Informed Consent, Assumption of Risk and Release

I,	, understand that there may be certain risks to person and/or property		
I,			
			G AND, BY PLACING MY SIGNATURE BELOW, I STANDING AND ACCEPTANCE OF ITS TERMS.
		Signature	Date
Please Print:			
Name:	Program:		
Address:			
In case of an emergency please c	ontact:		
NAME:	PHONE:		
ADDRESS:	CITY, STATE, ZIP:		
RELATIONSHIP:			

For Faculty: Please retain these forms and submit them to the Office of Academic Civic & Global Engagement once the trip has concluded.