FIELD TRIP LIABILITY DISCLAIMER and RELEASE AGREEMENT

Field trips to architecturally significant sites are a very important aspect of architectural education and an integral part of the program at Mississippi State University.

Field trips do, however, involve some risk to person and property. Mississippi State University and its College of Architecture (University) shall not be liable for any injury, loss, damage, expense, or delay resulting from any act or omission by it, its agents, or employees, or any trip organizer or arranger, or other person employed or utilized by University, including any host college or hostel, for field trips, nor from the use of any vehicle, any strike, war, vandalism, violence, threat of terrorism, weather, sickness, quarantine, nor government restrictions, regulations, or ordinances.

Therefore, I, the undersigned student, acknowledge and assume the risk of all University field trips (including summer study abroad and other similar programs) in which I may be a participant and agree to defend, hold harmless, indemnify, release and forever discharge the State of Mississippi, the University and its officers, agents, and employees, whether accompanying said field trip or otherwise, from any and all claims, demands, actions, or causes of action on account of any injury to me or my property, or on account of my death, which may occur from any cause during a field trip, and I hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity, or otherwise as provided by law, against University on account of any and all such claims, demands, actions or causes of action. I understand that the University requires me to have health insurance and urges that I have personal insurance for all such contingencies.

I understand and agree that University, its agents or employees, may make decisions or take action warranted by circumstances relevant to the health or safety of the participants of any field trip and I agree to hold University and its agents and employees harmless in so doing.

I specifically authorize University to arrange medical services and treatment for me as may be deemed necessary during a field trip at my full risk and expense. I understand that I may be returned to the United States by commercial airlines or other means for medical treatment at my expense and risk if deemed necessary by University.

I further understand and agree that University shall in no way be responsible for my welfare during periods of independent travel or during absences from the University or from supervised activities of any sanctioned field trip.

I agree to conform to the rules, regulations and policies of University and any supplier of services (hotel, host, host schools, public carriers, etc.). I understand that University may terminate my participation in any field trip and in the program should I fail to conform to such rules, regulations or policies or should I fail to conform to the laws, rules, regulations, or conventions of University or any state, province, political subdivision, or nation, or should I engage in any action or conduct considered to be incompatible with the interest, harmony, comfort, and welfare of other participants.
I further understand that if my participation is terminated by the University I am not entitled to a refund of fees.

I agree to indemnify, hold harmless, and defend University in any actions for damages or injury to person or property based in whole or in part on any act or omission by me while on a field trip.

Reference in this agreement to the University, the College of Architecture or its agents or employees shall include the State of Mississippi, the Board of Trustees of State Institutions of Higher Learning, Mississippi State University, and any of their officers, directors, staff, faculty members, campus advisors, field trip coordinators, group leaders, group employees, agents, and sponsoring and hosting colleges and universities under agreement with University.

I confirm that I have read and understand the foregoing conditions and agree that they bind not only me, but my heirs and administrators.

_________________________       __________________________
Student Signature            Date

_________________________       __________________________
Student’s Name (please print)  MSU ID#

* I (We), the parent(s)/guardian(s) of the above named student have read, understand and agree to be bound by the foregoing conditions.

_________________________       __________________________
Parent/Guardian             Date

_________________________       __________________________
Parent/Guardian             Date

* Parent(s)/Guardian(s) signature(s) required for students under age 21 and students claimed as dependents for tax purposes.