



SCHOOL OF DIPLOMACY AND  
INTERNATIONAL RELATIONS

## SETON HALL UNIVERSITY

### International Relations Summer Institute

#### July 22-26, 2019 - Trip Waiver Form

I agree to conduct myself in such a way as to represent the University in a positive manner.

I am in good health and physically able to participate in the day trip to New York, NY sponsored by the Seton Hall University School of Diplomacy and International Relations Summer Institute (IRSI) that occurs during the week of July 22-26, 2019.

I agree that I am participating in this activity at my own risk and that Seton Hall University, its employees, agents, and representatives (hereinafter the "University") shall not be liable for any injuries to me, any damages to my property or any claim arising out of the activity or in connection with the use of facilities or equipment of the University or under its control.

I further agree that I will defend and hold harmless the University for any injury, damage, loss, or liability caused by my negligence, gross negligence or willful misconduct arising out of this activity or in connection with the use of facilities and/or equipment under the University's control.

I understand that all University community standards, policies, rules and regulations apply while I am on this trip. In addition, I understand that because this is a University sponsored/sanctioned trip and I am a representative of the University, I am not permitted to purchase or consume any alcohol regardless of my age. Failure to observe this will result in referral of myself and my organization for disciplinary action.

I confirm that I have sufficient medical/hospital, accident and general liability insurance coverage.

I agree that I will arrive and return from the activity on the bus, with the group. If I decide to separate from the group, I recognize that the University is not responsible for my transportation.

By submitting this form, I acknowledge that I have read and understand the terms listed above. I understand that failure to comply may result in my removal from the IRSI program.

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Participant Name (print)

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Participant Signature

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Parent or Guardian Name (print)

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Parent or Guardian Signature