



LEHMAN COLLEGE

OFFICE OF CAMPUS LIFE

TRAVEL POLICY

All travelers must be registered matriculated students of Lehman College, in good academic standing and without disciplinary sanctions.

All trips must include a faculty advisor who is a full-time tax levy employee of the College.

A list of travelers must be submitted in advance to be verified, by the Office of Campus Life.

All students traveling must agree to the following:

1. They must sign below indicating they have read this information and understand it.
2. All students who receive travel advances must pick up the advances in person and sign for the advance individually.
3. Travelers receiving advances must return receipts and cash equal to the amount of the advance no later than one-week after completion of the trip.
4. Travelers must use the mode of transportation provided by the Business Office. **(If provided)**
5. Any financial liability incurred by the Campus Association for Student Activities or unreconciled advances by the traveler will result in an immediate hold placed on the traveler's records and a stop on future registrations until the matter is reconciled.

 Print name of student traveler

 Address

State

Zip Code

City

I acknowledge that I have read the above information and that I understand fully.

 Signature

Date

[Type text]

**WAIVER OF LIABILITY
AND HOLD HARMLESS AGREEMENT (“Release”)**

ACTIVITY:

LOCATION:

DATE(s):

1. In consideration for receiving permission to participate in the above-referenced Activity, I hereby promise not to sue, and release and discharge _____ College, The City University of New York, The Board of Trustees of The City University of New York, the State of New York, the City of New York and all of their respective officers, directors, employees, representatives, agents and affiliates (the “Released Parties”) from any and all liabilities, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, to me or others, or to any property belonging to me or others, whether caused by the negligence of the Releasees, or otherwise, while traveling to or from or participating in the Activity, or while in, on, or near the premises where the Activity is being conducted.

2. I further hereby agree to indemnify and hold harmless the Released Parties from any loss, liability, damage or costs, including court costs and attorneys’ fees, that they may incur due to my participation in the Activity, whether caused by negligence of the Released Parties or otherwise.

3. I hereby voluntarily elect to participate in the Activity. I am fully aware of - and voluntarily assume - the risks and hazards connected with the Activity.

4. It is my express intent that this Release bind my heirs, assigns and personal representatives.

5. I hereby agree that this Release be construed in accordance with the laws of the State of New York..

6. Check one: _____ I am 18 years old or older.

_____ I am less than 18 years old. **(Page two must be completed, signed and notarized by a parent or guardian.)**

In signing this Release, I acknowledge and represent that I have read it in its entirety, understand it and voluntarily sign it as my own free act and deed; that no oral representations, statements, or inducements not contained in the Release have been made to me by any of the Released Parties; and that I execute this Release fully intending to be bound by same.

IN WITNESS WHEREOF, I have signed this Release on _____, 20__.

Print Name

Sign Name

[Complete this page if Applicant is under the age of 18.]

I, _____:

Print Full Name of Parent or Guardian

- (a) am the parent or legal guardian of the Applicant;
- (b) have read the foregoing Waiver of Liability and Hold Harmless Agreement (including such parts as may subject me to personal financial responsibility)
- (c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release; and
- (d) agree, for myself and for the Applicant, to be bound by its terms.

Emergency Phone Number

Signature of Parent or Guardian

[Type text]