

## RELEASE AND INDEMNIFICATION FORM

*For activities/excursions*



<i>Name</i>	<i>Student ID</i>
<i>Course</i>	<i>Contact Number</i>
<i>Name of Activities/Excursion</i>	<i>Date of Activities/Excursion</i>

I am aware that during this trip, activity or excursion in which I am participating under the arrangements of the Swinburne University of Technology Sarawak Campus, certain risks and dangers may exist, including but not limited to the hazards of travelling, accidents or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means.

**I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Excursion.**

In consideration of approval to participate in this Excursion, I, for myself, my heirs, next of kin, executors and assigns agree to hereby release and forever discharge the University, its officers, directors, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the above noted Excursion.

I also acknowledge the University does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask the University, its officers, directors, employees and agents to accept the consequences thereof and agree to indemnify the University, its officers, directors, employees and agents from any claims or demands which might be made against the University, its officers, directors, employees and agents arising out of or as a result of my own conduct.

If circumstances arise which the University, in its sole discretion considers to be an emergency, I authorize the University to disclose any of my personal medical, health or contact information, as appropriate.

**I declare that I have read and understood the above Release and Indemnification Form for Trips, Activities or Excursions in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors and assigns may have against the University, its officers, directors, employees and agents.**

**I acknowledge that I am responsible for my own safety and for advising the accompanying Staff or Officer of any medical condition which may impact on my participation in the Excursion. Since emergency medical treatment may not be available at all times during this Excursion, I also acknowledge my responsibility to travel with whatever medications necessitated by the above-noted condition.**

<i>Date</i>
<i>Participant's signature</i>
<i>Accompanying staff</i>