



College of Continuing Studies  
High School/Middle School  
Pre-College Programs

## Off Campus Permission Form

Some High School and Middle School related activities require that students leave the Westminster Campus. These activities may include day trips off campus as planned by the director of Continuing Education.

**Students will be chaperoned at all times and are not allowed to leave campus without supervision.**

**INSTRUCTIONS:** Please complete the information below, as well as the highlighted portions of the following **Assumption of Risk and Waiver Form**. Return both signed forms to the Office of Continuing Education with all other required camp forms.

### PARENT OR GUARDIAN:

My signature confirms that I have read the above statement and that my son/daughter has my permission to leave campus in accordance with the camp directed activities.

Parent or guardian's name (please print): \_\_\_\_\_

*Date*

Signature of parent or guardian: \_\_\_\_\_

### PARTICIPANT/CAMPER:

I have read the above statement. My signature confirms that I will comply with the rules regarding off campus trips and will conduct myself appropriately at all times, on and off campus. I understand that failure to do so may result in my being asked to leave before the end of the program.

Participant's name (please print): \_\_\_\_\_

*Date*

Participant's signature: \_\_\_\_\_

Camp/s attending: \_\_\_\_\_

**At all times, other than planned off campus activities,  
students are required to remain on campus!**

# Assumption of Risk and Waiver Form



Lawrenceville and Princeton, NJ

Semester and/or Date of Event: \_\_\_\_\_

Department: \_\_\_\_\_

Class/Activity: \_\_\_\_\_

Professor/Activity Leader: \_\_\_\_\_

I understand that off campus travel for the academic courses, student organizations, and clubs in which I have chosen to participate, involves certain risks, including but not limited to injuries resulting from: auto/bus accidents, as well as slips and falls. I will adhere to all trip guidelines given to me by my advisor and/or trip chaperone including but not limited to meeting places and meeting times, and suggested attire. I also recognize that certain trips may involve popular tourist attractions and am aware of the risks associated with that specific area including, but not limited to, large crowds, pickpockets and acknowledge to always staying in public areas in small groups. In the event of an unavoidable reason that prevents me from taking the transportation provided by the University, I assume all responsibility to transport myself to and from the event and that cost associated with such transportation will not be reimbursed.

Therefore, with acknowledgment of the potential risks involved with these activities, I expressly and knowingly release, hold harmless and agree to indemnify Rider University, its employees, representatives, officers, advisors and agents, from any and all claims and causes of action for property damage, personal injury or death sustained by me and/or caused by me arising out of any travel associated with the activity or the activity itself.

In addition, I understand and agree that Rider University cannot be expected to control all risks. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

I understand that, as a member of the Rider University community, I am responsible for adhering to any and all rules and regulations as put forth by Rider University in The Source, and particularly those concerning the use, possession and/or consumption of drugs and alcohol.

I understand that it is my responsibility to arrive on time at the designated location(s) for both departures to and from the activity as indicated by the trip coordinator(s). Should I neglect to arrive promptly at the designated location(s), I understand that I risk being excluded from transportation to and from the destination of the trip, and assume all risks and responsibility thereby incurred.

I understand that should any of the conditions be violated, the trip coordinator has the discretion to follow through with any civil, criminal or university judicial procedures.

*The Health Insurance Portability and Accountability Act (HIPAA) allows for the disclosure of your protected health information from a health care provider (hospitals) to individuals involved in your care or for the purpose of notifying family members. In the event you are hospitalized, administrative staff at Rider may need information about your health in order to provide family members with timely and accurate information about your condition. Please be aware that signing this form is completely VOLUNTARY, remains in effect until such time as your enrollment at or association with Rider University ends and may be revoked, in writing, at any time. This form will remain on file with the university and presented to the health care provider in the event you require medical treatment.*

I \_\_\_\_\_, give permission to this health care provider to provide administrative staff at Rider University information related to the condition of my health in the event my health condition requires medical attention.

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**FOR: Participant/Parent or Guardian**

NAME: \_\_\_\_\_  
(Print Participant Name)

BY: \_\_\_\_\_  
(Participant/Parent or Guardian Signature)

DATE: \_\_\_\_\_

PARTICIPANT'S CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please list any special services you may require due to an existing medical condition or physical disability, using the back if necessary.