

DUKE UNIVERSITY PARTICIPATION AGREEMENT

You have requested to participate in a retreat on _____ to the
_____ in _____.

This activity is sponsored by _____ of Duke University.
All activities associated with travel involve risks and it is important for you to have
information about this activity and to provide _____
with information about yourself before participating in this activity. The Participation
Agreement must be read carefully and signed by all participants who take part in the
activity offered by _____.

PLEASE READ THIS AGREEMENT CAREFULLY.

**IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE
IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE
PARTICIPATING IN THIS ACTIVITY.**

In consideration of Duke University allowing me to participate in this activity, I agree
and understand the following:

1. **Nature of Travel:** I understand that I will be traveling to _____ and
possibly driven by faculty or employees of the university. I understand the
University's position on student drivers and will follow the rules that have been set by
the University.
2. **Inherent Risks and Dangers of Travel:** I understand and appreciate that risk and
dangers are inherent when traveling long distances. I understand that not following
procedures correctly could result in property damage and personnel injury, including
death. I agree to accept and assume all risks associated with the activity whether
present or future, known or unknown, arising from or as a result of, my voluntary
participation in the activity. Understanding all of the risks involved, I hereby elect to
voluntarily participate.
3. **Behavior Expectations of the Participant:** I know that it is important to follow the
directions of the activity leader at all times. I understand that as a participant I have
the responsibility to help make the activity a safe experience for all participants
through appropriate behavior and conduct. I also understand the danger associated
with deviating from the planned activity and agree not to deviate from the plans as
stipulated in the procedures.
4. **Health Condition of the Participants:** By signing this participation agreement you
agree:
 - ❖ To furnish the _____ faculty advisor health information.
 - ❖ To inform the _____ faculty advisor of any medication,
ailment, condition, or injury that may affect your performance in the
activity

- ❖ That Participant will bear all financial responsibility for any medical treatment arising from participation in the activity.
- ❖ I understand that the University reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the interests of the group.
- ❖ I understand that as a participant in this Duke University program, I am a representative of Duke University. By signing this agreement, I pledge to conduct myself in a manner, which reflects favorably on all.
- ❖ I understand that Duke University requires all participants to be covered by appropriate health and accident insurance and those participants and their families must be financially responsible for all medical expenses and for expenses related to evacuation and repatriation unless otherwise provided. In addition, I understand that payment for medical expenses customarily is advanced and reimbursement sought later from the insurance carrier. Duke University requires that any participant planning to operate a motor vehicle obtain liability and collision insurance that will cover him or her in the applicable foreign countries. Duke University also recommends that participants insure their property against loss or theft.

5. RELEASE, ASSUMPTION OF RISK, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In return for Duke University allowing me to participate in this activity and having read and understood this Participation Agreement, I hereby state that I voluntarily agree to the following:

A. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the _____, Duke University, its trustees, officers, employees or agents, (hereinafter referred to as RELEASEES) for any liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me that occurs as a result of my traveling to and from, and participation in this activity.

B. I agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury or damages is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party from any loss, liability, damage or costs, including court costs and attorneys' fees, that RELEASEES may incur due to my traveling to and from, and participation in this activity.

C. It is my express intent that this RELEASE and HOLD HARMLESS AGREEMENT shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE and COVENANT NOT TO SUE the above-named RELEASEES.

D. I hereby further agree that this Participation Agreement, Release, Assumption of Risk, Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the state of North Carolina.

E. If I deviate from any aspect of this activity, such deviation is purely voluntary, and I agree that RELEASEES shall not be liable for any injuries resulting or arising out of such deviation.

F. I understand that by participating in this activity I will ASSUME THE RISK of injury and damage from risks and dangers that are inherent in any activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing PARTICIPATION AGREEMENT, understand it, and sign it voluntarily.

Participant

Date

Parent or Guardian (if participant is under the age of 18)

Date

Complete all four pages of this form and return to:
Corporate Risk Management
Box 104143
Telephone: (919) 684-6226
Fax: (919) 684-6988
E-mail: corprisk@duke.edu

DUKE MEDICAL INFORMATION FORM

PARTICIPANT INFORMATION

Participant's Name _____ Social Security # _____
Permanent Address _____ Date of Birth _____ Sex _____
City, State, Zip _____ Home Phone () _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:	Backup Contact (Relative or Friend):
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone () _____	Daytime Phone () _____
Evening Phone () _____	Evening Phone () _____
Are you allergic to any medications? _____	
List current perscriptions/medications _____	

INSURANCE POLICY INFORMATION

Are you covered by health insurance? _____

Policy Holders Name _____	Policy Holders Date of Birth _____
Address _____	Relation to Participant _____
City, State, Zip _____	Occupation _____
Employers Address _____	
Insurance Company Name _____	
Insurance Company Address _____	
Policy # _____	Plan # _____