



DEDMAN SCHOOL OF HOSPITALITY

GENERAL RELEASE AND WAIVER OF LIABILITY

This Release and Waiver is in consideration of my voluntary participation in a trip hosted by the Florida State University Dedman School of Hospitality from June 7-12, 2020 in Switzerland. It is currently planned to begin on Sunday, June 7th, 2020 in Montreux, Switzerland and end on Friday, June 12th in Geneva, Switzerland. The trip will involve train travel, touring, consumption of local food and beverage and possibly challenging walking. I have actual knowledge and conscious appreciation of the dangers and risks inherent in traveling in foreign countries and staying in various unfamiliar locations and do voluntarily consent to my participation in this trip, including possible itinerary changes, and specifically assume the risks arising therefrom. Further, I hold harmless and release and forever discharge Florida State University, the Board of Trustees of the Florida State University, the Dedman School of Hospitality and their respective officers, officials, employees, agents and successors, including specifically the leaders of this trip [collectively Releasees], as further provided. I release Releasees from any and all claims and demands whatsoever, which the undersigned and anyone acting on their behalf or through them, have or may have against Releasees. This agreement covers all claims by reason of any accident, illness, injury, property loss or damage or any other consequences arising or directly or indirectly resulting from any participation in the described trip and its activities.

Furthermore, I understand that Florida State University does not have medical or specific trip liability insurance, including medical evacuation, to cover me in the event of injury, accident, property losses, or other such occurrence in connection with this trip. I specifically release and hold harmless Releasees from any and all liability for any such expenses I might incur during the trip. It has been strongly recommended that I check my medical insurance prior to this trip to assure adequate coverage.

I fully understand and acknowledge by my signature, that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my participation in this activity and that I have read this statement, understand its contents, and execute it of my own free will and choice.

IN WITNESS WHEREOF, I have signed this instrument on this ____ day of _____, _____, in Tallahassee, Leon County, Florida.

Witness Date

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

ADDRESS

PHONE (best contact)