

## **BonaResponds' Release form**

All volunteers working on a BonaResponds trip or service project must have filled this form out. If you are under 18 years old, a parent or legal guardian must also sign before departure. Failure to complete and submit this form before departure will disqualify the volunteer from participating.

PLEASE READ CAREFULLY.

I, \_\_\_\_\_, a participant for the service trip/Project through BonaResponds or St. Bonaventure University, waive and release any and all claims against St. Bonaventure University, host institution for any injury, accident or damages caused to me or my possessions due to any vehicle, war, weather, strike, sickness, quarantine, government restriction or regulation, or stemming from any act or omission of any airline, railroad, hotel, restaurant, bus company, taxi service, school, university or other firm, agency, (government or private), company or individual.

I also release St. Bonaventure University (referred to as SBU) and its agents and agree to indemnify them with regard to any financial obligations or liabilities that I may incur personally or any damage resulting from participation in this program of SBU. In consideration of my acceptance for participation in the program, waive and release all claims, demand or causes of action against SBU and its agents, host institution(s), or other facilities.

I understand that all travel involves risk, and I hereby agree to assume such risk that is inherent with travel as a condition of my participation in this service project. By my participation in this program, I voluntarily assume all risks involved with such travel and service work, expected or unexpected.

I hereby acknowledge that I have been warned of such risks and I have been advised to take appropriate action and to govern myself accordingly.

I hereby grant St. Bonaventure University and its agent(s) full authority to take whatever action(s) they may consider to be warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as they may be

taken in connection therewith. I authorize SBU and its agent(s), at their discretion, to place me, at my own (or my parents/guardian's) expense, and without any further consent, in a hospital within or without the United States of America for medical services and treatment, or if no hospital

is readily available, to place me in the hands of local medical doctor for treatment. If deemed necessary by SBU or its agent(s).

In the event of an emergency or poor conduct on my behalf I authorize them to transport me by commercial transportation, if necessary and I assume responsibility for the expenses involved. Any funds advanced to me for any purpose will be reimbursed upon demand either by my parents/guardian or myself.

I agree to comply fully with the rules of St. Bonaventure University, BonaResponds, and its host institution(s) and/or travel facilities. BonaResponds and the host agencies have the right to enforce its standards of conduct and

that, should I fail to comply with them, the University has the right to terminate my participation in the program with no refund of monies paid. In the event of termination, I agree to be sent home at my own or parent/guardian's expense

I understand that my picture will be taken and that this picture may be used by St. Bonaventure, BonaResponds, and the host site for publicity material. I consent to such use of my comments and photographic likeness be used in marketing and promotional purposes.

I acknowledge that gifts or donations worth more than \$20 (twenty) dollars are considered to be given to BonaResponds and NOT to individual volunteers.

The person or persons designated by St. Bonaventure University as trip leaders or chaperones shall be considered by all attending the trip and activities as in charge of the trip and their reasonable directives shall be fully obeyed at all times.

I realize it is my responsibility to be on time for all departures and if the transportation leaves without me, it is solely my own responsibility to find and pay for any alternative transportation I may need.

Alcoholic beverages and smoking are not permitted in any motorized vehicle.

All, references in this release to St. Bonaventure University and BonaResponds and "its agent(s)" shall include SBU and all its officers, directors, staff members, campus directors, chaperones, group leaders, employees, advisors, and agents. All references to the "parent" of participant shall include the legal guardian or other adult responsible for the applicant.

I have read the terms and conditions set forth in the University's descriptive information and I agree that these constitute a part of my agreement with SBU. I understand and agree to all the University's terms.

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

**Date:** \_\_\_\_\_

Parental Consent:

I, \_\_\_\_\_, certify that I am the parent or legal guardian of the above participant and that have hereby join in each and every part of the Release (including such parts as my subject me to personal financial responsibility), and hereby relinquish any claim that I may have against St. Bonaventure University, BonaResponds, or its agent(s) (as set forth above), both in my arising as a result of the participant leaving the supervision of SBU.

**Parent/Guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_