OLIVET NAZARENE UNIVERSITY
Travel
Release and Information Form

<table>
<thead>
<tr>
<th>Name</th>
<th>I.D. Number</th>
<th>Course/Trip</th>
<th>Dates</th>
</tr>
</thead>
</table>

I agree to assume all risks arising from my participation in the activity. I understand that the activity involves risks to me of injury, the loss of property, and additional or unexpected expenses. I understand that Olivet Nazarene University and its representatives act only as agents for various transportation companies, hotels, and other principals in connection with the activity. All tickets, transportation, housing, and other travel arrangements are subject to the terms and conditions under which such owners or contractors operate and for which Olivet Nazarene University and its representatives are not responsible in any manner. I acknowledge that it is my responsibility in connection with the activity to provide insurance coverage or money for medical expense, insurance deductibles, personal expense, unexpected travel costs, lost luggage, and all other out-of-pocket expense. I agree to release and hold harmless Olivet Nazarene University and its trustees, officers, employees, agents, and representatives from any and all claims, demands, causes of action, damages, and costs and expenses, including attorney’s fees, that I or any one on my behalf may have as a result of my participation in the activity including, but not limited to, those arising from any of the following: loss, injury, or damage to my person or property or that of any other person; additional or unexpected charges or expenses; or delays or other disruptions of advertised schedules.

Signed: __________________________________________

Date: __________________________________________

Personal Information

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Personal Traveler Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In case of emergency, notify: (someone who has authority to make medical decisions)

#1 Name of Contact: ____________________________ Phone No: ____________________________

Relationship to traveler: ____________________________ Addl Phone: ____________________________

Address ___________________________________ City __________________ State ________ Zip ________

#2 Name of Contact: ____________________________ Phone No: ____________________________

Relationship to traveler: ____________________________ Additional Phone: ____________________________

Address ___________________________________ City __________________ State ________ Zip ________
OLIVET NAZARENE UNIVERSITY
Travel and Medical Release
Student Information Form

Name ____________________________  I.D. Number ______  Course/Trip ______  Dates ______

Travel Release: I agree to assume all risks arising from my participation in the activity. I understand that the activity involves risks to me of injury, the loss of property, and additional or unexpected expenses. I understand that Olivet Nazarene University and its representatives act only as agents for various transportation companies, hotels, and other principals in connection with the activity. All tickets, transportation, housing, and other travel arrangements are subject to the terms and conditions under which such owners or contractors operate and for which Olivet Nazarene University and its representatives are not responsible in any manner. I acknowledge that it is my responsibility in connection with the activity to provide insurance coverage or money for medical expense, insurance deductibles, personal expense, unexpected travel costs, lost luggage, and all other out-of-pocket expense. I agree to release and hold harmless Olivet Nazarene University and its trustees, officers, employees, agents, and representatives from any and all claims, demands, causes of action, damages, and costs and expenses, including attorney's fees, that I or any one on my behalf may have as a result of my participation in the activity including, but not limited to, those arising from any of the following: loss, injury, or damage to my person or property or that of any other person; additional or unexpected charges or expenses; or delays or other disruptions of advertised schedules.

Name (Print) ____________________________________________  Signature ________________________________
(Parent or guardian if student is a minor)

Medical Release: I hereby give to Olivet Nazarene University or its designee, during the activity, authorization to secure and consent to, on my behalf, all medical, surgical, and dental care for me including, but not limited to, employing physicians, surgeons, dentists, and other health care personnel, admitting me to any hospital, clinic, emergency room, laboratory or to the health care of diagnostic facility, and signing all necessary consents and authorizations. This authorization shall apply to the extent that I am myself unable to authorize such care or in all cases if the student is a minor.

Name (Print) ____________________________________________  Signature ________________________________
(Parent or guardian if student is a minor)

Portion to be filled out by a notary public: Sworn to before me and subscribed
County: _______________________________  in my presence the ________ day of
State: _________________________________  ________.

Notary Public Signature: _________________________________

Personal Information

Insurance Company ____________________________  Policy # ____________________________  Insurance Phone ____________________________

Prescription medications currently taking: ___________________________________________________________

Allergies:
__________________________________________________________

Are there any complications associated with your participation on this trip? If so, explain.
__________________________________________________________

If you have any allergies or any illness that should be known, please write these on the lines below:
__________________________________________________________

(COPIES OF BOTH TRAVEL FORMS WILL BE KEPT IN DEPARTMENT OFFICE. THE ORIGINAL COPIES WILL TRAVEL WITH THE FACULTY PERSONNEL LEADING THE TRIP)