

Place Name of Department or Activity Here

GENERAL INFORMATION

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-Mail _____

ABOUT THE ACTIVITY

In this section please describe any inherent dangers or physical demands that are part of the activity. For instance, if the participants are going mountain climbing you should indicate that mountain climbing is very strenuous and requires one to be in reasonably good health to participate. It can also result in serious injuries or death in the event of a fall. The participants should be fully apprised of what they can expect and what is expected of them before they sign up to participate.

MEDICAL INFORMATION

Everyone participating in the (*indicate name of department or activity here*) is required to have medical coverage. Are you covered under the Columbia Student Health Insurance Yes ___ No ___. If not, who is your Health Provider _____. If you have a medical condition, it is the responsibility to have all necessary medications throughout the duration of the program. Participants can alert program staff of his/her medical condition if he/she is comfortable doing so and or thinks it is necessary / important to alert the staff.

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

Name: _____ Relationship to Student: _____
Phone Number: _____

CONFIDENTIALITY NOTICE

A copy of this form will be filed electronically in the Administrative Office for at least three years after the activity has concluded. Please note that this form contains confidential information and should be handled accordingly.

WAIVER

I agree and acknowledge that neither The Trustees of Columbia University in the City of New York (the “University”), nor any of its agents or employees, shall have responsibility for any loss, injury, or damage incurred or suffered by me in connection with my participation in the (*indicate name of department or activity here*) or including, but not limited to, any personal injury, death, or property damage, and hereby expressly waive all rights, claims, causes of action, and the like of any nature whatsoever which I or my heirs or legal representatives may have against the University or any of its agents or employees in connection with my participation in such a trip. By signing this form, I agree and promise to indemnify, defend, and hold harmless the University as a result of any injuries, damage, illness, or death in connection with the Participant’s attendance on the (*indicate name of department or activity here*).

Signature Date

Print Signature Date

OPTION FOR COMPLETING FORM ELECTRONICALLY

I understand by typing my name and date below and submitting this document electronically it is the legal equivalent of signing and dating the hard copy version. I also understand and agree that by typing my name and date below and submitting this document electronically I am affirming to the truth of the information contained therein.

Signature Date

Print Signature Date

IMPORTANT INFORMATION

In Case of an Emergency, first contact local help by dialing 911 or the local authorities.