



RESEARCH THE POSSIBILITIES....
THE TWELFTH ANNUAL
NCSSSMST STUDENT RESEARCH SYMPOSIUM
June 2-5, 2005

FIELD TRIP RELEASE FORM

Please have your parent or guardian sign this form and return it to your accompanying teacher by May 10, 2005 to be faxed.

For and in consideration of being allowed to participate in the 2005 NCSSSMST Student Research Symposium field trips and workshops, I, in full recognition and appreciation of the dangers and hazards involved in such an activity do hereby agree to assume all risks and responsibilities surrounding my participation in this event, and further, do hereby release and hold harmless Villanova University, its Trustees, Officers, Directors, Faculty, Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees), claims, judgements, actions or causes of action as a result of any loss or injury to the person or property, including death, which _____ (**name of participant**) may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of Villanova University, or persons acting on its behalf or otherwise.

I understand that Villanova University does not, in any manner, serve as principal, agent or partner of any travel agent, commercial carrier or lodging establishment which may provide services or accommodations to the participants. I have read and do understand this release and, intending to be legally bound hereby, voluntarily sign this document and agree to its terms.

DATE

PARTICIPANT

I have read, and do understand this release and I voluntarily allow my son/daughter to participate in this event.

DATE

**PARENT OR GUARDIAN OF
PARTICIPANT UNDER 18
YEARS OF AGE**

PLEASE FAX TO 610-519-6450, ATTENTION GINA SEMENTELLI