

Team Travel Consent and Release

I am a member of the University of Maryland, College Park's, Gemstone Honors Program (University) and will attend the **[insert conference name]** in **[insert location]** on **[insert date]** (Trip). To the fullest extent permitted by law, I voluntarily agree to indemnify, release and hold harmless the State of Maryland, the University and their departments, its officers, agents, employees and volunteers (Released Parties) from and against any and all liabilities, claims, demands, causes of action, costs and expenses (including attorneys' fees and related litigation costs) incurred by any of the Released Parties arising out of or relating to my participation in the Trip, including travel thereto and therefrom, whether arising through my own negligence, omission, default or that of the University.

Further, I understand that photographs are not considered 'directory information' by the University as defined by the federal Family Educational Right & Privacy Act (FERPA). Consequently, my likeness cannot be used without this grant of permission. In addition, I understand that with this Consent and Release, I am expressly granting the University permission to use and release my likeness in either photographic or video format for future University use. Finally, I understand that I am free to withdraw my consent at any time without penalty and that the University will not be required to notify me prior to using or releasing my likeness.

I understand that attending this conference is optional. As with any activity, there are certain inherent risks that cannot be prevented. Should I require emergency medical treatment as a result of illness or accident arising during the Trip, I consent to such treatment. I further understand that the University does not provide medical health or other insurance for participants in the Trip and I am responsible for any and all costs associated with any medical care received. Prior to the Trip, I will notify the University in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee sting reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.

I certify that I am 18 years of age or older and that I have read and fully understand this consent and release form and I sign it voluntarily with full knowledge of its significance. In the alternative, if I am a minor, the signature below is that of a parent or legal guardian authorized to sign on my behalf.

Name of Student (Print): _____

Signature of Student: _____

Date: _____

Signature of Parent/Guardian (if under 18):

Name of Parent/Guardian (Print): _____

Signature of Parent: _____

Date: _____

Last Updated: 5/22/20