

UNC Charlotte
Off-Campus Activity Acknowledgement of Risk, Release, and Behavioral Agreement

IMPORTANT NOTES:

- *This Agreement is intended only for students participating in off-campus University-sponsored activities that are **not course-related**. For course-related activities (field trips), see the [Field Trip Planning and Compliance Procedure](#).*
- *This Agreement is **NOT** intended for student-employees who are engaging in activities as a part of their University employment.*
- *Activity leader(s) should bring (or have digital access to) a signed copy of this Agreement when traveling with the student for emergency contact purposes.*

Section 1 (To be completed by activity leader)

Activity: _____ **Activity Date(s):** _____

Activity Leader: _____ **Cell Phone:** _____

Activity Leader Email: _____

Activity Location(s): _____

Equipment/supplies to be provided:

- **By participant:** _____
- **By activity leader:** _____

Immunizations required, if any: _____

Physical activities to be undertaken include: _____

Risks inherent in this activity include physical or psychological injury due to: _____

Section 2 (To be completed by activity participant or parent or guardian of minor activity participant)

Student Name: _____

THIS IS A LEGAL DOCUMENT, WHICH INCLUDES A RELEASE OF LIABILITY.

READ IT CAREFULLY BEFORE SIGNING.

In consideration for being permitted by UNC Charlotte to participate in the above-named activity, the undersigned agrees as follows:

1. I understand and acknowledge that the activity may expose me to risks including, but not limited to, bodily injury and damage to my own property or the property of others.

2. I hereby accept and assume responsibility for all risks, known and unknown, to me and my property in the activity, and I am voluntarily participating in reliance upon my own judgment and knowledge of my own experience and capabilities.
3. I hereby state that I am in sufficient physical condition to participate in this activity.
4. I understand that a determination of my ability to participate in the activity should be made by my physician if necessary. I understand that I need the approval of a physician if I am uncertain as to my physical fitness for the rigors of this activity. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my condition before being allowed to participate. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to my treating physician(s) any information they may have concerning my medical condition and their professional contact with me for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for myself. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems I may suffer is my responsibility and will be paid by me and/or covered by my insurance.
5. I understand that neither UNC Charlotte nor the state of North Carolina provides medical insurance coverage for students or other non-employee participants in such activities. I assume responsibility for providing my own medical coverage.
6. I further understand that activity fees and charges are based on current conveyance rates, airfares, lodging rates, and travel costs, which are subject to change and for which I am responsible. I further understand that if I leave or am excluded from the activity for any reason there will be no refund of fees paid or expenses incurred. I further agree that if I lose connections or become detached from the activity group or if I become sick or injured, I will at my own expense contact and reach the activity leader(s).
7. In consideration of the opportunity to participate in this activity, I have and do hereby indemnify, release, and will hold harmless the University of North Carolina at Charlotte and all its officers, employees, and agents from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, which I now have or which may arise out of or in connection with my participation in this activity or in connection with any independent activities or travel that I choose to undertake while traveling during the activity. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators and for all members of my family.
8. I recognize that this Release means I am giving up, among other things, rights to sue the State of North Carolina, the University of North Carolina, the University of North Carolina at Charlotte, and their respective officers, employees, and agents for injuries, damages, or losses I may incur during my participation in the activity. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

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Behavioral Agreement

1. I have read the activity's rules and policies and hereby accept the rules and policies of the activity described therein. I understand that the activity leader has the authority to establish and enforce other rules in addition to these.
2. I understand that all applicable University policies, as well as state and federal laws apply throughout the activity, including travel time, and any violation of these may result in a conduct referral to the Office of Student Accountability & Conflict Resolution.
3. I realize that as a participant on a UNC Charlotte-sponsored program, I may be perceived as a representative of UNC Charlotte. I will engage in behaviors that are responsible and mature. I understand that my behavior during the activity will positively or negatively affect opinions of others about UNC Charlotte.
4. I understand that no alcohol use will be permitted during activities sponsored by UNC Charlotte or any organization affiliated with UNC Charlotte.
5. I understand that all state and federal laws/regulations and activity policies regarding alcohol use must be followed at an activity sponsored by an organization not affiliated with UNC Charlotte. See University Policy 706, Alcoholic Beverages, at legal.charlotte.edu/policies/up-706.
6. I will participate fully in all activities and events associated with this activity.
7. I understand that if I violate any of the terms of this Agreement, I may be asked to leave the activity at the discretion of the University staff member responsible for the activity. I understand that if I am asked to leave, I will be responsible for my own travel costs to return to UNC Charlotte and for any costs incurred by my participation in this activity, and UNC Charlotte shall bear no responsibility or liability for my return travel. If I am asked to leave this activity, I hereby consent to UNC Charlotte notifying my emergency contact.
8. I understand that if a situation arises prior to my travel that requires my travel to be cancelled, I am personally responsible for any costs already incurred that are not otherwise refundable, such as air fare, conference registration, etc.
9. I understand that if a situation arises in which I require medical attention, I hereby consent to UNC Charlotte notifying my emergency contact below. My continuing participation will be evaluated, and I may be required to leave the activity if I am unable to safely continue my participation.
10. I agree to abide by these and any other expectations specific to this activity.

To request disability accommodations for this activity, please contact Disability Services at least 10 days before the activity at 704-687-0040 (voice/TDD) or at disability@charlotte.edu

[SIGNATURES ON NEXT PAGE]

Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

Participant Name (Please print) ()
Cell Phone

Signature of Participant Date

Participant 800#

Signature of Parent/Guardian of Minor Participant Date

In the event of an emergency, please contact:

Name (Please print) () ()
Home Phone Cell Phone

Address Relationship to Student