

Assumption of Risk and Waiver Form for Employees



RIDER UNIVERSITY

Semester and/or Date of Event: _____

Department: _____

Class/Activity: _____

I understand that off campus travel as a Rider University employee, in which I have chosen to participate, involves certain risks, including but not limited to injuries resulting from automobile and/or bus accidents, and criminal actions and other forms of misconduct by persons that are not members of the Rider University community. Like any form of highway transportation there is the possibility of mechanical failure, adverse road conditions or bad weather (*e.g.*, snow, heavy rains, fog, and high wind), all of which affect visibility or ideal driving conditions, and could delay or inhibit travel. I recognize there is the possibility of an accident that is the fault of other motorists. I understand and agree that if I provide transportation to or from an activity in a vehicle not controlled by Rider University, including my privately-owned vehicle, or if I am a passenger in a vehicle not controlled by Rider, I will be responsible for any personal injury, costs or damages to myself, my passengers, or any other persons or damages to my personal property, or the property of others.

I understand that it is my responsibility to arrive on time at the designated location(s) for both departures to and from the activity as indicated by the trip coordinator(s). Should I neglect to arrive promptly at the designated location(s), I understand that I risk being excluded from transportation to and from the destination of the trip, and assume all risks and responsibility thereby incurred.

I understand that should any of the conditions be violated, the trip coordinator has the discretion to follow through with any civil, criminal or University judicial procedures.

I understand and agree that Rider University cannot be expected to control all risks. In full recognition of the risks involved with my participation in activities at Rider University, I agree to participate in all such activities voluntarily and at my own risk. Additionally, as a Rider University employee, I understand that I am responsible for adhering to each of Rider University's rules and regulations, including but not limited to the provisions in the Employee Handbook.

In consideration of being permitted to participate in off-campus activities, I hereby release, waive, fully discharge, hold harmless and covenant not to sue Rider University, its trustees, officers, directors, agents, representatives, employees, and staff from any and all claims, costs, damages, expenses (including reasonable attorneys' fees), losses, injuries, or causes of action that may be brought by me or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my participation in activities, or arising out of any travel associated with the activity or the activity itself to the fullest extent permitted by law.

I agree to indemnify and hold harmless Rider University, its Trustees, officers, directors, agents, representatives, employees, and staff from any and all claims, actions, costs, losses, expenses, damages, injuries and liabilities, including reasonable attorneys' fees, that may be incurred as a result of my participation in these activities.

I hereby authorize any medical treatment deemed necessary in the event of any injury incurred while participating in or traveling to/from off-campus activities. I either have appropriate primary medical insurance, or in its absence, agree to pay the costs of rescue and/or medical services, including aeromedical evacuation, as may be incurred on my behalf, which includes, but not limited to, a deductible and all costs above and beyond usual and customary charges. The Health Insurance Portability and Accountability Act (HIPAA) allows for the disclosure of my protected health information from a health care provider (hospitals) to Rider administrative staff for the purpose of notifying family members of my health or injury status. In the event that I am hospitalized, I realize that the administrative staff at Rider University will need information about my health in order to provide my family members with timely and accurate information about my health condition. I am aware that signing this form is voluntary and that this form shall remain in effect unless revoked in writing (except to the extent that action has been taken in reliance on this consent).

I _____, hereby authorize Rider University to release/obtain personal medical records in the event I require emergency medical attention.

Signatures and Contact Information

NAME: _____
(Print Participant Name)

BY: _____
(Participant/Parent or Guardian Signature)

DATE: _____

PARTICIPANT'S CELL PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____

Please list any accommodation you may require due to an existing medical condition or disability, using a separate form if necessary.