

Stockton University
Waiver for Participation

TRANSFERMation – June 17-19, 2018

Please complete, sign and mail in order to save your reservation:

*Stockton University, Office of New Student and Family Programs, Attn: TRANSFERMation.,
101 Vera King Farris Dr., Galloway, NJ 08205*

You may also fax this form to 609-626-5538 or scan and email it to TALONS@stockton.edu

I, _____ (Print name) have voluntarily requested permission to participate in TRANSFERMation on June 17-19, 2018. The retreat involves strenuous physical activity and outside events, which are all challenges by choice.

I have reviewed the description of the retreat and I believe that I am physically, medically and mentally capable of participating in such activity. If there are any medical or other concerns which might limit my participation in such event, I have advised appropriate personnel of such concerns. Of my own free will I will participate and use any equipment associated with this event. I agree that should any equipment, campsite or facilities be damaged arising out of my participation I am financially responsible.

I have personally and willingly assumed responsibility of all known and unforeseen risks that may occur arising out of my participation in this fieldtrip. On behalf of myself, and any of my heirs, assigns or successors, I hereby agree to release and hold harmless Stockton University and its, officers, agents, assigns, members of the Board of Trustees, and employees against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in this event whether due to intentional acts or omissions or negligence of Stockton University or any of its employees, servants or agents or those of third parties or organizations. I acknowledge and agree on behalf of myself, my heirs, assigns or successors, that I am releasing Stockton University from any liabilities in law or equity, however, the liability may arise, for any injuries, damages, losses expenses to myself or my personal property. I agree and consent that any disputes arising out of participation in this activity and any and all claims that I may bring against the State of New Jersey and Stockton University and their employees as a result of this activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq, New Jersey Contractual Liability Act, N.J.S.A. 59:13-1 et seq; the New Jersey Charitable Immunity Act (N.J.S.A. 2A:53A-7) and no other action for monetary damages or other legal or equitable relief shall be brought in any other jurisdiction other than the Superior Courts of Atlantic County, State of New Jersey.

Participant Over 18:

I certify that I have read and understand this release, I am at least 18 years of age, and that by my signature below, I bind myself, my heirs, assigns, administrators, and executors to this agreement.

Participant Name (please print): _____ Z Number: _____
Participant Address (street, town, state and zip code): _____
Cell Phone Number: (_____) _____ - _____ Date of birth (m/d/y): _____
Emergency Contact Name: _____ Relation: _____
Emergency Contact Phone Number: (_____) _____ - _____
Student Signature: _____ Date: _____

Participant Under 18:

I certify that I have read this release, I am at least 18 years of age, the legal parent or guardian authorized to make decisions on behalf of the below minor, and that by my signature below, I bind myself, said minor and his/her heirs, assigns, administrators, and executors to this agreement.

Participant Name (please print): _____ Z Number: _____
Participant Address (street, town, state and zip code): _____
Participant Cell Phone Number: (_____) _____ Date of birth (m/d/y): _____
Parent or Guardian Name (if student is under 18 - please print): _____
Parent or Guardian Address (if not same as above): _____

Parent or Guardian Cell Phone Number: _____
Parent or Guardian Signature: _____ Date: _____