



**UNCONDITIONAL AND FULL GENERAL RELEASE AND COVENANT NOT TO SUE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Name of Trip \_\_\_\_\_

Date of Trip \_\_\_\_\_

This is to be read and signed by all participants in the above reference trip at North Carolina Central University \_\_\_\_\_ **[Insert Name of Trip]** to \_\_\_\_\_ **[Insert Destination]** on \_\_\_\_\_ **[Insert dates]** (the "Trip"). PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE TRIP.

In return for North Carolina Central University allowing me to participate in the Trip and other good and valuable consideration, I agree, and state, on behalf of myself, my heirs, assigns, executors and others, as follows:

1. I am eighteen (18) years of age or older and am competent to read and sign this "Unconditional and Full General Release and Covenant Not To Sue."
2. That I understand that I am participating in the Trip freely and voluntarily and the Trip is not required by North Carolina Central University. I understand that participation in the Trip is a privilege and this privilege is a tangible benefit to me.
3. That I am familiar with and will obey, any and all of the rules established for the Trip, including the NCCU Student Code of Conduct. I will obey all applicable laws, including those that relate to alcohol consumption.
4. That I understand and appreciate the inherent risks and dangers of participating in the Trip (automobile accident, crime, etc.) which could result in property damage and/or personal injury, including death; and I agree to accept and assume all risks whether present or future, known or unknown, arising from or as a result of my participation in this Trip.
5. That I WILL HOLD HARMLESS AND INDEMNIFY NORTH CAROLINA CENTRAL UNIVERSITY and its officials, administrators, employees and all sponsors and individuals assisting in the Trip for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this Trip.
6. That I will assume responsibility for all costs incurred by me on the Trip, including medical care, if needed.
7. That I understand I must be healthy and reasonably fit in order to safely participate in the Trip.



**NORTH  
CAROLINA  
CENTRAL  
UNIVERSITY**  
FOUNDED 1910

Business and Auxiliary Services  
Risk Management Office  
W.G. Pearson Dining Hall, Lower Level  
Email: [busандаux@nccu.edu](mailto:busандаux@nccu.edu)  
Telephone: 919-530-7418  
[www.nccu.edu](http://www.nccu.edu)

8. That in the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Trip, I hereby give permission to a Physician selected by the Trip's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me.
9. I further acknowledge that I have comprehensive health insurance coverage through \_\_\_\_\_ (insert name of insurance company), that my policy number is \_\_\_\_\_, and that this policy will be in effect on the date(s) of this activity.
9. That I have read and understand this "Unconditional and Full General Release and Covenant Not To Sue."

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (Printed)