



TRAVEL and TRIP RISK ACKNOWLEDGEMENT/LIABILITY WAIVER FORM

I understand that participation in travel via Trinity Woods transportation could involve risk of physical injury, illness, death or property loss despite safety precautions. Trinity Woods cannot guarantee safety thereof, as all risks cannot be prevented. Trinity Woods does not provide health and accident insurance for travelers. I understand that any medical expenses, property loss or other personal expenditures that result during or from this travel are to be borne by me. I also hereby consent, give authorization to and release from liability trip leaders and bus drivers to secure any emergency medical treatment in the event I am unable to and agree to be responsible for the costs thereof.

In consideration of the opportunity afforded with full knowledge and acceptance of the risks associated with this travel via Trinity Woods transportation and associated activities; and with full understanding of the above issues/conditions and risks, I hereby release, indemnify and hold harmless Trinity Woods, it's staff, trustees, officers, volunteers and agents from all form and manner of risks inherent in and from all claims, suits and demands of any nature arising from participation in said trip or activities.

Signature of Traveler

Date

Print Traveler Name

Address of Traveler

Emergency Contact Name: _____

Emergency Contact Phone Number: _____