

UNIVERSITY OF SOUTHERN MISSISSIPPI

Student Group Travel Release Form

(For students who are age 18 and over)
HPDFLDP S O L D Q F H # I X V U P I R G X V Q I R W V

Name of Event/Title of Event ("The Event"): _____

Organizing Department ("Department"): _____

(Year) Date(s) ("Event Dates"/"Event Period"): _____

Location ("The Location"): _____

Nature of Event: Voluntary Required

Name of Participant ("The Participant"): _____

Cell Phone #: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone Number (cell, work, etc.): _____

Drug Allergies:

Please inform the University of Southern Mississippi ("USM"/ "The University") personnel of any medical conditions that may

Travel Selection

- I am traveling in the provided Event transportation.
- I am driving myself in a private vehicle (initial next to Waiver A below).
- I am riding as a passenger in a private vehicle (initial next to Waiver B below).

Waiver A: If I have opted to drive my own vehicle, I understand and I agree to release the Releasees from all liability. I understand the implications and responsibilities I assume by driving my own vehicle.

(initials)

Waiver B: If I opt to ride with another student in a private vehicle, I understand and I agree to release the Releasees listed