

GENERAL RELEASE
SCHOOL OF ARCHITECTURE FIELD TRIP
DESTINATION: _____

Dates: _____

My participation in the FIELD TRIP is voluntary.

I understand that UNCC, UNC, nor the State of North Carolina provides medical insurance coverage on students. I assume responsibility for providing medical insurance coverage.

For and in consideration of UNCC permitting me to participate in the PROGRAM, I hereby release UNCC, UNC System, the State of North Carolina, and all their present and former employees, officers, and agents from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have, arising out of or in any way connected with participation in the PROGRAM, for all personal injuries known or unknown property damage, or claims for wrongful death caused by the ACTS, OMISSIONS, OR NEGLIGENCE OF UNCC, UNC, the State of North Carolina and their present and former employees, officers, and agents.

I agree to be responsible for any property damage or personal injury that I may cause while participating in the PROGRAM.

Should I be removed from the PROGRAM for any reason including legal or disciplinary, I understand it is my responsibility to fund and secure return travel to Charlotte, NC.

I have read and executed this document with full knowledge of its significance.

By: _____
(Participant's Signature)

(Participant's Printed Name)

Date: _____

Faculty Member(s):