



## ASSUMPTION OF RISK AND RELEASE AGREEMENT

This agreement is executed by \_\_\_\_\_,  
whose address is \_\_\_\_\_,  
to and for the benefit of Brigham Young University (BYU), located in Provo, Utah.

I wish to be excused from traveling with the \_\_\_\_\_ group to the following activity(s)  
in \_\_\_\_\_ (location): \_\_\_\_\_  
\_\_\_\_\_

Date(s) of activity: \_\_\_\_\_  Outbound  Return  Round trip

I fully recognize that there are significant dangers and risks to which I may voluntarily be exposed by traveling independent from my group, particularly with respect to travel associated with the above-mentioned activity(s) in a non-BYU, privately owned vehicle.

I therefore agree to assume and take upon myself all of the risks and responsibilities in any way connected with this activity and transportation associated with it. In consideration of and return for being allowed by BYU to be excused from my performing group, I release BYU and its governing board, employees, and agents from any and all liability, claims, and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity.

I recognize that this release means I am giving up, among other things, rights to sue BYU, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release will be construed in accordance with the laws of the State of Utah and that it binds my heirs, executors, administrators, and assigns, as well as myself.

I have read this entire release; I fully understand it and I agree to be legally bound by it.

Releaser (printed name): \_\_\_\_\_

Releaser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**This is a release of your rights. Read carefully before signing.**

## PRIVATE VEHICLE POLICY

The owner of a privately-owned vehicle used for approved University travel shall have the sole responsibility for providing collision, comprehensive, and all other forms of personal insurance coverage for such a vehicle and as a condition of participation in the activity or program must assume all risk and potential liability associated with the vehicular travel activity.

An active insurance policy number must be supplied by the vehicle owner in advance of the trip to Travel Management Services and the Risk Management and Safety Department. The vehicle owner must provide to the sponsoring department or trip advisor, in advance of the trip, proof of insurance coverage on the vehicle used at no less than the following minimums:

- \$100,000 single injury limit
- \$300,000 multiple injury aggregate
- \$ 50,000 for property damage limit

In the event a University student is injured in a personal vehicle accident, the vehicle owner's liability insurance shall be primary, to the full extent of its coverage limits and generally the driver's insurance shall be secondary.

My required information is:

Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

I agree that I am in compliance with the above policy.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_