

# 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 #IXRUP I R G X V Q I R W V

Name of Event/Title of Event ("The Event"): \_\_\_\_\_

Organizing Department ("Department"): \_\_\_\_\_

( Y H 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