OFF-CAMPUS TRAVEL WAIVER
AND ASSUMPTION OF RISK

The following should be read and completed by each student/employee/volunteer/guest traveling on a sponsored trip:

I _____ voluntarily agree to participate in the following:
(Print name)

Name of Trip/Destination: _____

Date(s) of Trip: _____

I am aware that this is a Wilkes 8 Q L Y H U V L W \ V S R Q V R U H G W U L S D Q G W K D W Z R Q ' W L F L S D W L R Q H [S H F W V D O F R Q G X F W
Travel Policies travel with me. I am held to the same standards of conduct as if I was on campus. If I am found violating
W K H & R G H R I & R Q G X F W Z K L O H W U D Y H O L Q J , Z L O O E H V X E M H F W