



Study Tour Consent Form

Student Details:

Student's Name:			
Student's ID:		Mobile:	

Emergency Contact:

Name:		Relationship:	
		Mobile:	

Tour Details: (further details if required may be attached to this sheet)

Destination:			
Tour Coordinator:			
Start Date:		End Date:	
Itinerary/Route			
Number of Students:			

Disclaimer: I understand that participation in the study tour involves a certain degree of risk, including transportation by motor vehicles and eating outside foods. I have considered the risks and hereby give consent for the student to participate. I understand that the student is required to abide by all laws and standards of conduct.

Authorization to Treat Student: In case I cannot be reached in an emergency, I hereby permit the ULAB authority to contact a medical facility or physician to provide proper treatment, and that I will be responsible for all expenses arising from such treatment.

Indemnity and Waiver of Claim: I hereby agree to indemnify and hold harmless ULAB, its employees, volunteers, faculty, governing board, and the individual members thereof, from any liability, lawsuit, cost, expense or claim of any type whatsoever for any harm, injury or death, or for lost or stolen items, arising out of the above mentioned tour. ULAB will not be held responsible for students who violate the law or become involved in illegal activities.

Name of Guardian:			
Relationship to the student:		Mobile:	
Signature of Guardian:		Date:	

Signature of Student:		Date:	
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Recommended by the Head of the Department:

Name of Dept. Head:			
Signature of Dept. Head:		Date:	

Approved by VC/ Pro-VC/ Registrar:

Signature:		Date:	
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