UNIVERSITY of ALASKA
Many Traditions One Alaska

ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY
FAMILY/FRIEND ACCOMPANIMENT

Print Name_____

Name of UA Employee _____ Department:_____

Phone:_____ Address:_____

Travel Dates: From: _____ To:_____

Name of Event:_____

Location(s):_____

Travel (including remote assignments) plays an important role in accomplishing the University of Alaska's (UA) educational and research mission, the professional enhancement of its faculty, staff and students, and in carrying out administrative responsibilities. At times, UA employees wish to be accompanied by a spouse, family member, significant other, or friend. In exchange for UA accommodating this interest, those accompanying the UA employee must agree to and understand the following:

It is prohibited for the UA to fund my travel, food, lodging, or any other expenses associated with my accompaniment of a UA employee and I agree to cover all of my own expenses in this regard. I understand that I will need to arrange my own transportation, at my own expense, when air or marine charters or other non-commercial modes of transportation to remote locations is involved. I understand that accompanying a UA employee does not provide me with any kind of UA insurance and I will be traveling at my own risk. Prior to accompanying a UA employee, I am responsible for ensuring the proper insurance coverages are afforded to me by my personal insurance. I acknowledge that my accompaniment of the UA employee has risks, including risks of injury or death to myself or loss of my personal property. My accompaniment of the UA employee is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the risks.

I acknowledge and assume all risks of accompaniment, known and unknown, inherent or otherwise. In addition, I release, discharge, and agree to defend and indemnify the UA, its agents, employees, Regents, officers, contractors and all other persons or entities associated with it (collectively referred to as "UA") from all claims and liability for any loss or damage incurred by me or caused, in whole or in part, by me which is in any way connected with my accompaniment of the UA employee. I understand that in signing this document I surrender my right to make a claim or file a lawsuit against UA for personal injury or property damage, wrongful death, or otherwise, except in cases of intentional wrongs or the recklessness of UA.

I and my parent(s) or guardian, if I am a minor under the age of 18, have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

SIGNATURE: _____ DATE:_____

The parent(s) or guardian must sign below if a minor under 18 years of age is to accompany the UA employee. In consideration of UA's allowing the minor to accompany a UA employee, the undersigned parent(s) or guardian agree on their own behalf to release UA from any claim the parent(s) or guardian may have because of injury or loss suffered by the minor. In addition, the parent(s) or guardian agree on their own behalf to protect and indemnify UA from any claim and related expenses and fees, brought at any time by the minor or by anyone on the minor's behalf, or by any member of the minor's family, or by another person, arising out of the minor's accompaniment of the UA employee. This indemnity includes claims of UA's negligence, but not its intentional wrongs or recklessness.

SIGNATURE (PARENT OR GUARDIAN):_____ DATE:_____

DISTRIBUTION: White - Department Yellow - Participant 1/08