

**UNIVERSITY OF KENTUCKY COLLEGE OF DESIGN
HOLD HARMLESS AGREEMENT**

I agree that I am voluntarily participating in a trip to

_____ in _____ as part of
(Site) (City / State)
_____ class on _____. I hereby
(Professor's Name) (dates of trip)

release the University of Kentucky from liability and assume the risk as follows:

- 1) I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness, I hereby authorize the University of Kentucky by and through its authorized representative(s) in charge of said program, to secure any necessary treatment including the administration of an anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse the University of Kentucky for any expenses which it might suffer on account of said injury or treatment thereof.
- 2) I expressly understand and agree to release the University of Kentucky, its agents, employees, staff and officials from any and all claims, of whatever nature, for injuries or damages I may sustain resulting from my participation in said trip. I further agree to indemnify and hold harmless the University of Kentucky, its agents, employees, staff, and officials from any other expense, of whatever nature, the University of Kentucky, its agents, employees, staff, or officers may incur due to said claim for injuries or damages.
- 3) I (a) have or (b) do not have (Circle one) health insurance. If you have health insurance, please provide the name of the insurance plan and policy number.

_____ Plan/Company Name

_____ Policy Number

_____ Student Participant (print)

_____ Student Participant (signature)

UK ID # (or SS#) _____

Date Signed: _____

Name, address and phone number(s) of person to notify in case of an emergency:
(Please Print)

Name: _____ Relation _____

Address _____

Home Phone: _____ Work Phone _____

Do you have any medical problems that we should be aware of? If yes, please explain.

RETURN COMPLETED FORM TO PROFESSOR SPONSORING ABOVE REFERENCED TRIP.