



**LIABILITY RELEASE  
AND  
LIMITED POWER OF ATTORNEY  
for  
Participation in University-Sponsored  
OFF CAMPUS ACTIVITIES AND FIELD TRIPS**

**Southeast Missouri State University  
Cape Girardeau, MO 63701**

I, \_\_\_\_\_, the undersigned, in order to participate in Southeast Missouri State University's course entitled \_\_\_\_\_, do hereby state and agree as follows:

1. In consideration of permission being granted to me to participate in the above described course (or program) at Southeast Missouri State University, and for other valuable considerations, the receipt and sufficiency of which are acknowledged, I am entering into this release agreement which extends to Southeast Missouri State University, its Board members, agents, employees, volunteers, representatives, successors or assigns, both individually and in any capacity, (hereinafter referred to as releasees).
2. I have voluntarily chosen to participate in the above course (or program) and assume all dangers and risks associated with such a program. I certify that I am in suitable health and capacity which allows my enrollment or participation in this program.
3. I knowingly and voluntarily agree to release, indemnify and hold harmless all releasees as defined above, for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with my enrollment or participation in the above course. This includes any losses or damages connected with or arising out of instruction, training, emergency care, or operations incidental to such programs, whether caused by the negligence of releasees or otherwise.

4. This release agreement shall be construed to be as comprehensive as is allowed by law.
5. I hereby grant Southeast Missouri State University and its agents full authority to take whatsoever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release them from any liability for such decisions or actions as may be taken in connection herewith. I further agree to be liable for any and all the expenses incurred by my attorney in fact while he or she is acting under the provisions of this instrument.
6. I do further and hereby constitute and appoint an appropriate official of Southeast Missouri State University as my attorney in fact to make any and all decisions which he or she believes to be in my best interest as to the obtaining of emergency medical care. I further agree to be liable for any and all the expenses incurred by my attorney in fact while he or she is acting under the provisions of this instrument.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_

In case of emergency, please call the following number:

Emergency Contact Area Code: \_\_\_\_\_ Phone: \_\_\_\_\_ (Home)

Emergency Contact Area Code: \_\_\_\_\_ Phone: \_\_\_\_\_ (Office)

Health Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Pre-existing health conditions: \_\_\_\_\_

Students under 18 years of age must obtain approval from parent or legal guardian.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

I certify that I am the parent or legal guardian of the above student, and that I have read the foregoing Release (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claim that I might have against Southeast Missouri State University (SEMO) or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the student.