

Capital University

Self Transportation Waiver

This form is to be signed by all students who are unable or unwilling to utilize University transportation to an event and choose to obtain/provide their own transportation. This form must be completed, signed and turned in to the Faculty/Staff Advisor prior to departure for the event.

Athletes: Student-athletes not traveling may only be released to travel to and/or from an away contest with the approval of the Head Coach, the student-athletes parents/guardian or their designee and the Director of Athletics or her designee.

Name of event: _____

Location(s) of event: _____

Date(s) of event: _____

Group/Team attending event: _____

Faculty/Staff Advisor/Head coach: _____

I, _____, am aware the Capital University has made transportation available to and from the above mentioned event and my attendance is mandatory at this event. I have chosen to arrange for other transportation for the purpose of my attending and/or participating in the abovementioned event. I understand that I am responsible for cost and expenses related to my transportation. I hereby waive and release any and all claims, actions, causes of actions, and demands I may have, now or in the future, against Capital University, their agents, employees, representatives, successors, assigns, or any persons operating by or on behalf of the University for, upon or by reason, of any damage, loss or injury which may be sustained by me in consequence of my transportation to and from the abovementioned event. This release extends and applies to all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability and the consequences of them, as well as those disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extent to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, is hereby expressly waived. I hereby agree and understand that the terms hereof shall be binding upon myself, my heirs, assigns, and personal representatives. All matters hereunder shall be resolved in accordance with the laws of the state of Ohio notwithstanding the location of the abovementioned event, the route of travel or the location of my personal residence. The terms hereof shall serve as a release and assumption of risk by my heirs, estate, executor, administrator, assignees, and all members of my family.

Athletes: I understand that all individuals participating in this activity run the risk of possible injury by the very nature of the activity. THE ATHLETICS DEPARTMENT INSURANCE DOES NOT COVER ANY INJURIES RESULTING FROM PARTICIPATION IN THIS ACTIVITY. PARTICIPATION IN THIS ACTIVITY IS AT MY OWN RISK.

Student Signature: _____ Date: _____

Print Name: _____ Student ID#: _____

Parent/Guardian Signature (If Under 18 years of age): _____

Print Name: _____ Date: _____

Athletics only

Head Coach's signature: _____ Date: _____