



**STATE UNIVERSITY of NEW YORK – BINGHAMTON
TRANSPORTATION LIABILITY WAIVER**

The following statement is to be read carefully by individuals who are enrolled in and/or participating in off campus activities supervised by Binghamton University Health and Wellness Studies Department staff.

There is an inherent risk involved in **TRANSPORTATION TO AND FROM ACTIVITY SITE such as:** Injury or death related to motor vehicular accidents, slip, falls, unforeseen delays and schedule changes.

I assume upon myself any of the risks that may be attendant upon my choice of transport to and from the Binghamton University campus. I agree to save and hold harmless the State University of New York for any injuries or problems that might arise out of the means of transportation I chose.

I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks NOT specifically identified.

INITIALS _____

SIGNATURE: _____ **DATE:** _____

NAME (PRINT): _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

**UNDER AGE 18,
SIGNATURE OF PARENT OR GUARDIAN:** _____

**HEALTH AND WELLNESS STUDIES DEPARTMENT
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Binghamton, NY 13902
607-777-2120**