

**Student Trip Assumption of Risk and Release –
Use of Personal Vehicle for Clinical Training**

I have chosen not to travel with University personnel to the Clinical Training site (see below) in University-provided transportation. I have chosen, instead, to transport myself to and from the Clinical Training site. I acknowledge that I am responsible for making and paying for such travel arrangements and for getting myself safely to and from the Clinical Training site. I understand and agree that the University-sponsored activity for me will not begin until I arrive in the building at the Clinical Training site and will end when I leave that building to travel away from the Clinical Training site.

I release Kansas State University, the State of Kansas, the Kansas Board of Regents and their agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims for negligence, in any way related to travel to or from the Clinical Training site. I assume all risks associated with the travel to and from the Clinical Training site, whether or not specifically included herein. Some risks may include risks---including without limitation personal injury and death---arising from weather, vehicle and road conditions, vehicle accidents, travel, third-party negligence, among others. I further understand that no medical or other insurance coverage is being provided by the University.

I have reviewed and understand this release and fully understand and assume the risks associated with my activities.

Clinical Training site / Name and Address/Building: _____

Days / Start Time / End Time: _____

Signature of Student

Date

Printed Name of Student