

THE ROWAN UNIVERSITY HURRICANE KATRINA RECOVERY PROJECT

STUDENT RESPONSIBILITIES

It is of the utmost importance that every student adheres to the responsibilities and project expectations during the Alternative Spring Break experience in New Orleans, Louisiana. Please read the following responsibilities carefully and ask any questions if you need more clarification. We are all representing Rowan University and would like to do our best to make sure everything goes smoothly.

LOGISTICS

- * Every student is responsible for their own transportation to and from the Philadelphia Airport.
- * Every student must bring their own bedding, toiletries, clothes, and other personal items for the week.
- * Every student must bring their own money for souvenirs, additional meals not provided by Xavier or the Management team, and/or any other expenses not related to our working goals.
- * Every student will adhere to any scheduled events planned by the Management team and/or Xavier University.

CONDUCT

- * Every student must follow all rules and restrictions set forth by Rowan University and Xavier University.
- * Every student must be back to the House of Studies by the given time by the Hurricane Katrina Relief Management team on the free nights out.
- * Conduct found unbecoming of a Rowan University student during the trip will be handled first by a faculty advisor Dr. Miller who will then report any extenuating incidents to Xavier University and Rowan University. The Faculty leadership, in conjunction with University Officials, reserve the right to return a student back to the University should the student's conduct warrant immediate disciplinary action.

WORK & SAFETY

- * Every student will do his or her best to complete all tasks given by the in a safe and efficient manor.
- * Every student will conduct his or herself in a manner that does not jeopardize his or her safety and/or the safety of another team member.
- * Every student will adhere to all safety requirements given by the Management team and/or any project team leaders at all times.
- * EVERY STUDENT WILL HAVE FUN!!!!

DeMond Shondell Miller, PhD
Faculty Leadership Team

I have read and understand the above student responsibilities _____
Signature Date

**Waiver and Release Agreement
Off-Campus Program**

I, _____, am a student at Rowan University ("the University") and have agreed to participate in the University's off-campus program _____ ("the Program") from _____ until _____

In consideration for being permitted to participate in the Program, I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me during the Program, and hereby release the State of New Jersey, the University, and the employees and agents of either, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may experience during the Program.

2. I agree to conduct myself during the Program in conformance with policies established by the university and agree to be under the general authority and supervision of the club/class sponsor/faculty member or other University-approved and designated supervisor.

2. I understand that, although the University will attempt to maintain the Program as described in its publications and brochures, it reserves the right to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither the State of New Jersey, nor the University, or the employees and agents of either, shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

3. I understand that the University reserves the right to decline to retain me in the Program at any time should my actions or general behavior, in the sole discretion of the University, be determined to impede or obstruct the progress of the Program in any way.

4. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Program, that there are unavoidable risks in travel and in other activities that I will undertake as part of my participation in the Program, and I hereby release and promise not to sue the State of New Jersey, the University, or the employees and agents of either, for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the University.

5. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

6. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the adviser, counselor, or attorney of my choice.

7. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of New Jersey.

8. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

9. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

Dated: _____

Signature

Name (Printed)

Dated: _____

Signature of Parent or Guardian (if required)

MEDICAL FORM

PARTICIPANT INFORMATION

Name (Last - M.I. - First) _____

Allergies / Medical Conditions _____

Current Medications _____

Date of last tetanus vaccination _____

Family Physician _____ Phone () _____

Insurance Provider _____

Policy Number _____ Phone Number of Insurance Carrier () _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip/Postal Code _____

Daytime phone () _____ Evening phone () _____ Cell () _____

ROWAN UNIVERSITY
GLASSBORO, NJ 08028-1700

STUDENT FIELD TRIP AGREEMENT

Course Title or Field Trip _____

Faculty Member _____

Destination _____

Date of Trip _____

Duration of Trip _____

In consideration of the agreement and consent of Rowan University agreeing to permit me to enroll in the above mentioned course and/or field trip which requires travel to locations and places within and out of the state of New Jersey, and whereas it would be costly and a burden to the State of New Jersey, its departments, agencies and employees to plan to govern their affairs in accordance with the civil laws of foreign jurisdictions and whereas the laws and courts of the State of New Jersey provide an adequate remedy; it is agreed and consented that any and all disputes arising from my participation in this trip and any and all claims for money damages that I, my heirs, representatives or assigns might ever have or bring against the State of New Jersey, the Commission on Higher Education, Rowan University or their employees or servants which arise from this trip or course or arise from any occurrence during said trip shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act, N.J.S.A.59:1-1 et seq., and not controlled by the laws of the jurisdiction wherein the accident or injury occurred and no action for monetary damages or other relief shall be brought in any jurisdiction other than the courts of the State of New Jersey.

IN WITNESS WHEREOF, I have hereunto set my hand and seal binding myself, my heirs, assigns, administrators and executors.

Print name _____

DATE