

## Off Campus Events for Student Funded Organizations

I understand and agree to the following:

1. For \_\_\_\_\_ Event the group will meet at \_\_\_\_\_.
2. It is clear to me that the event/function begins at the specified location and ends at that location.
3. I accept all liability getting to/from the location; and understand that the school is not providing transportation to/from the event.
4. There will be no State/college vehicle or mileage reimbursement in connection with the event.
5. I am not required to attend the event to be a member of the student funded organization.

**I, the undersigned, have read this Release/Assumption of Risks and understand its terms.**

Print Name	Signature	SID
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CLUB ADVISOR'S SIGNATURE \_\_\_\_\_

Breakfasts      \_\_\_\_\_ X \_\_\_\_\_ people X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Lunches         \_\_\_\_\_ X \_\_\_\_\_ people X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Dinners         \_\_\_\_\_ X \_\_\_\_\_ people X \$ \_\_\_\_\_ = \$ \_\_\_\_\_