



ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY  
FAMILY /FRIEND ACCOMPANIMENT

Print Name \_\_\_\_\_

Name of UA Employee \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Travel Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location(s): \_\_\_\_\_

Travel (including remote assignments) plays an important role in accomplishing the University of Alaska (UA) educational and research mission, the professional enhancement of its faculty, staff and students, and in carrying out administrative responsibilities. At times, UA employees wish to be accompanied by a spouse, family member, significant other, or friend. In exchange for UA accommodating this interest, those accompanying the UA employee must agree to understand the following:

It is prohibited for the UA to fund my travel, food, lodging, or any other expenses associated with my accompaniment of a UA employee and I agree to cover all of my own expenses in this regard. I understand that I will need to arrange my own transportation, at my own expense, when air or marine charters or other non-commercial modes of transportation to remote locations is involved. I understand that accompanying a UA employee does not provide me with any kind of UA insurance and I will be traveling at my own risk. Prior to accompanying a UA employee, I am responsible for ensuring the proper insurance coverages are afforded to me by my personal insurance. I acknowledge that my accompaniment of the UA employee is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the risks, including risks of injury or death to myself or loss of my personal property. My accompaniment of the UA employee is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the risks.

I acknowledge and assume all risk of accompaniment, known and unknown, inherent or otherwise. In addition, I release, discharge, and agree to defend and indemnify the UA, its agents, employees, officers, contractors and all other persons or entities associated with it (collectively referred to as "UA") from all claims and liability for any loss or damage incurred by me or caused, in whole or in part, by me which in any way connected with my accompaniment of the UA employee. I understand that in signing this document I surrender my right to make a claim or file a lawsuit against UA for personal injury or property damage, wrongful death, or otherwise, except in cases of intentional wrongs or the recklessness of UA.

I and my parent(s) or guardian, if I am a minor under the age of 18, have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In order to accompany a UA employee, the undersigned parent(s) or guardian agree on their own behalf to release UA from any claim the parent(s) or guardian may have because of injury or loss suffered by the minor. In addition, the parent(s) or guardian agree on their own behalf to protect and indemnify UA from any claim and related H[SHQVHV DQG IHHV EURXJKW DW DQ\ WLPH E\ WKH PLQRU RU E\ DQ\ RQ

SIGNATURE (PARENT OR GUARDIAN): \_\_\_\_\_ DATE: \_\_\_\_\_