



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... 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 accompanying a UA employee does not provide me with any kind of UA insurance and I will be traveling at my own risk.

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 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: _____