



ROYTEC

UWI-ROYTEC STUDENT WELFARE DEPARTMENT HIKE REGISTRATION FORM

STUDENT INFORMATION

Name: _____ Student ID No: _____ Birth Date : _____

Address : _____

Home Phone: _____ Cell Phone: _____ Email: _____

Can you swim: Yes: () No: () Sex: M () Female ()

EMERGENCY & INSURANCE INFORMATION

Emergency Contact: _____ Home Phone : _____ Cell Phone : _____

Medical Conditions : _____ Allergies or Current Medication: _____

Family Doctor: _____ Home Phone: _____ Cell Phone : _____

Preferred Hospital : _____

(To be inserted by Administration)

Student Insurance Policy Number : _____ Receipt #: _____

AUTHORIZATION AND LIABILITY WAIVER

I, _____, do hereby affirm that I am in proper physical condition to participate in this event and acknowledge that I have been fully informed of the inherent hazards and risks associated with my participation in the UWI-ROYTEC Student Welfare Hike. Those possible injuries include, but are not limited to, nausea, sprains, cuts, bruises, broken bones, heart attack, and other severe injury, including permanent injury or loss of life. Despite the potential risks, hazards, and dangers associated with my participation in the above event, I wish to participate and freely accept and expressly assume all risks, dangers and hazards that may arise from my participation which could result in temporary or permanent personal injury or loss of life. I further understand that I have the option to obtain insurance on my own against any such loss. I acknowledge and agree that my participation is not a condition of my educational pursuits at UWI-ROYTEC and is solely a matter of my personal interest. I am participating voluntarily, knowing it may result in injury to me or others. I hereby certify that the information I have provided is accurate. I have read the above release and fully understand the contents thereof and I am of full age and competent to sign this waiver.

Photography Adult Waiver

I hereby grant to UWI School of Business and Applied Studies Limited (trading as ROYTEC) and its partners the absolute and irrevocable right and unrestricted permission in respect of photographic portraits or pictures UWI-ROYTEC had taken of me or in which I may be included with others, to copyright the same, in UWI-ROYTEC's name or otherwise; to use, re-use, publish and re-publish the same in whole or in part, individually or in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration; and to use my name in connection therewith if UWI-ROYTEC so chooses. I hereby release and discharge the Photographer/s from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or invasion of privacy. This authorization and release shall also apply to the benefit of the heirs, successors in interest, legal representatives, licensees, and assigns of Photographer/s, as well as the person(s) for whom UWI-ROYTEC took the photographs.

Student Signature

Date

Parent/Guardian Signature

Date