



**Office of General Counsel
REQUEST FOR WAIVER OF LIABILITY AND HOLD HARMLESS
AGREEMENT (RELEASE)**

Please remit the completed Request form to the Office of General Counsel (legal@lynn.edu) 10 days before activity date.

Today's Date

Remitter's Name:

Title:

Department:

Phone No.:

ACTIVITY INFORMATION

Name of Activity Program:

Activity Date(s):

Is Activity for: *Semester* *Describe period:*
Term

Briefly Describe Activity:

Location of Activity: *Off-Campus* *On-Campus*

Name of Location:

Street Address:

City / State / Zip Code:

Approximate # of Students: 18 & Over

Approximate # of Minors

ACADEMIC (Complete this section if students will receive credit)

College / Office:

Course #:

Course Title:

Please read Paragraph 3 of the Waiver Guidelines before completing the below section.

Is Student required to participate? *Yes* *No*

Will Student provide own transportation? *Yes* *No*

Will transportation be provided by Lynn? *Yes* *No*

Additional Information: