Diversity Field Trip

Dates of Upcoming Trips:
November 12, 2013 or March 11, 2014

$80 per person
Includes entrance fees, lunch at restaurant, and transportation
Meeting Time: 7:00 a.m.
Academic Bldg Lettinga

Topics:
African-American History
Immigration
Religious Diversity
Holocaust

Contact: Tammy Stachowicz at tstachowicz@davenport.edu
616 395-4663

Come and experience the outcomes of Diversity Education first-hand!

- Enjoy a Multi-Cultural dining experience
- Learn more about the Muslim faith and the Temple Proper surrounded by hand-painted calligraphy
- Listen to a Holocaust Survivor recall personal stories of resilience and survival

RSVP AND Payment
Go to: https://epay.davenport.edu/C20659_ustores/web/index.jsp and then click on Experiential Learning
WAIVER AND RELEASE

I, the undersigned student, provide this Waiver and Release ("Release") to include Davenport University to authorize my participation in the following activity or trip sponsored by Davenport University (the "Activity"):

Full Name of Participant: ________________________________

Student ID#: ________________________________

Activity Description: Diversity Field Trip,

Activity Location(s): Detroit, Michigan, USA

Date(s): ________________________________

Class: SOSC 201, ________________________________

Professor: Erica Kubik (c/o Tammy Stachowicz) ________________________________

I acknowledge that I fully understand my participation in the Activity may involve risk of serious injury or death, including losses which may result not only from my own actions, omissions or negligence, but also from the actions, omissions or negligence of others, the condition of the facilities, equipment or areas where the Activity is being conducted and/or transportation to and from the Activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with my Davenport University professor or Activity coordinator, before I sign this Release and before the Activity begins.

Knowing and understanding the risks involved with participation in the Activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the Activity, including transportation to and from the Activity. I agree I am financially responsible for any losses and damages resulting from my participation in the Activity. I certify that I am in good health and have no medical condition preventing my safe participation in this Activity. I agree to use my personal medical insurance and consent to emergency medical treatment in the event such care is required. If the Activity involves travel outside of the U.S., in the case of an emergency in which I cannot be reached, I authorize U.S. Embassies and Consulates to release information concerning my welfare and whereabouts to Davenport University. In authorizing this release of information, I hereby waive the federal Privacy Act, 5 U.S.C. § 552a.

In connection with my participation in the Activity, I acknowledge that I am required to comply with the requirements of the Davenport University Student Code and all of the laws of the jurisdiction(s) where the Activity will occur. If I disrupt the group learning process or if my behavior gives the Davenport University professor or Activity coordinator reasonable cause to believe that my continued presence in the Activity poses a danger to the health or safety of persons or property, or impedes, disrupts or obstructs the Activity in any way, I will face immediate dismissal from participation in the Activity.

In consideration of Davenport University allowing me to participate in the Activity, for myself and all those who claim through me, I hereby waive all claims or causes of action against Davenport University (and its employees and representatives) arising out of my participation in the Activity and hereby release Davenport University (and its employees and representatives) from all liability in connection therewith. Further, I agree to indemnify, defend and hold harmless Davenport University from and against any loss, claim or expense it may sustain by reason of my acts or omissions as a participant in the Activity.

I expressly agree that this Release is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. By signing this Release, I acknowledge that this Release has been freely and voluntarily made after careful review of all of the terms and provisions of this Release and agree that this Release shall not be subject to recession or nullification at any time hereafter. I further agree that no oral representations, statements and inducements apart from this Release have been made.

Waiver Signatures

Signature of Student ________________________________ date

Signature of Parent or Guardian (required for students under 18 years of age) ________________________________ date