



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

*Please remit the completed Request form to Office of General Counsel at [legal@lynn.edu](mailto:legal@lynn.edu) 10 days before activity date.*

*Today's Date*

*Remitter's Name:*

*Title:*

*Department:*

*Phone No.:*

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**ACTIVITY INFORMATION**

*Name of Activity Program:*

*Activity Date(s):*

*Is Activity for:*

*Semester*  
*Term*

*Describe period:*

*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.**

<i>Is Student required to participate?</i>	<i>Yes</i>	<i>No</i>
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<i>Will Student provide own transportation?</i>	<i>Yes</i>	<i>No</i>
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<i>Will transportation be provided by Lynn?</i>	<i>Yes</i>	<i>No</i>
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*Additional Information:*

Date:

*Signature of Dean or Dept. Chair:*

*Signature of VP for Division:*

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Administrative Review by:

Approval

Date

General Counsel

Comments: