



LAMBDA THETA ALPHA Latin Sorority, Incorporated

Liability Waiver/ Risk Acknowledgement

1. I understand and agree as a condition of my association with Lambda Theta Alpha (LTA) that participation in LTA activities can involve risk of physical injury, illness, death or property loss, that, despite safety precautions, LTA cannot guarantee the safety thereof, and I release LTA from any damages of any kind related to my association with LTA. I understand and agree that these risks may include, but are not limited to, incidents related to transportation including driver error and adverse weather conditions, theft and/or other criminal activity, and physical, mental, and emotional injury.

2. I understand that Lambda Theta Alpha does not provide health and accident insurance for members.

3. I understand and agree as a condition of my association with LTA that any medical expenses, property loss, or other personal expenditures that result from my association with LTA, including, without limitation, those related to travel to and from LTA events, are to be borne by me as a member/participant, or by my parent or guardian (if I am a minor). I also as a condition of my association with LTA hereby consent and give authorization to LTA to secure any emergency medical treatment in event I am unable to, and release from liability LTA and its leadership for any decisions made in that regard, and I agree to be responsible for the costs thereof.

4. I acknowledge and agree as a condition of my association with LTA that if I drive my own vehicle, or I am a passenger in another's private vehicle in connection with a trip/function associated with LTA, that LTA insurance does not cover such a private vehicle. I also understand and agree as a condition of my association with LTA that LTA cannot be and is not responsible for assuring the safety and reliability of any such private transportation or driver, nor for any non-sponsored sorority activities and travel that I might choose to participate in before, during or after a trip/function associated with LTA, and I accept the risks and responsibilities associated with such private vehicle travel and activities.

5. With full understanding of the above issues/conditions and risks, and as a condition of my association with LTA, I hereby release, indemnify and hold harmless Lambda Theta Alpha Latin Sorority, Inc. and LTA chapters, and their respective director, trustees, officers, volunteers, and agents, from all forms and manner of risks inherent in, and from all claims, suits and demands of any nature arising from my association with LTA including, without limitation, participation in said trips and LTA activities.

Print member/Participant Name

Signature of member/Participant

Date

Signature of Parent or Guardian

(Required if member is a minor – under 18 years of age)

Date

EMERGENCY CONTACT

Name

Phone