



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

Please remit the completed and signed Request form to Brenda Williams, Legal Executive Assistant, Office of General Counsel at bwilliams@lynn.edu and cc Michael Antonello, VP for Division or Dept., and Dean to which the staff member belongs.

Today's Date

Remitter's Name:

Title:

Department:

Phone No.:

ACTIVITY INFORMATION

Name of Activity Program:

Activity Date(s):

<i>Is Activity for:</i>	<i>Semester</i>	<i>Describe period:</i>
	<i>Term</i>	

Briefly Describe Activity:

<i>Location of Activity:</i>	<i>Off-Campus</i>	<i>On-Campus</i>
------------------------------	-------------------	------------------

Name of Location:

Street Address:

City / State / Zip Code:

Approximate # of Students: 18 & Over

Approximate # of Minors

ACADEMIC

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:

NON-ACADEMIC

College / Office:

Signature of VP for Division:

Signature of Dean or Dept. Head:

Date: