**THE CATHOLIC UNIVERSITY OF AMERICA**

**COMMUTER AGREEMENT**

This Agreement is executed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”) and, if Participant is under eighteen (18) years of age, by Participant’s Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (collectively, the “Undersigned”).

Please Check One of the Following:

(\_\_\_) Supervised Commuter: A Supervised Commuter is a Participant that is dropped off and picked up daily. Undersigned agrees to promptly drop off and pick up Participant every day.

(\_\_\_) Unsupervised Commuter: An Unsupervised Commuter is a Participant that is not staying overnight in the residence halls or being dropped off or picked up daily. Undersigned agrees that there are a number of risks associated with commuting to and from camp unsupervised, including but not limited to: acts of crime or violence, vehicular collisions, getting lost, or illness or injury, and Undersigned voluntarily assumes such risks.

Undersigned understands that the Participant is not under the supervision of the University or camp staff when commuting to camp (*i.e.* any time prior to daily check-in at the camp) and commuting from camp (*i.e.* any time after daily dismissal from the camp).

Undersigned agrees to release, indemnify, defend, and hold harmless the University, its agents, employees, officers, and Trustees from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable to the Participant’s commute to and from Camp, unless it is due to gross negligence or willful misconduct on the part of the University.

Undersigned has carefully read this Commuter Agreement and agree to its terms.

**Participant: Parent or Legal Guardian:**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_