# University of Louisville
# Sports Club Federation

Activity Agenda / Travel Itinerary Form

This form must be completed and submitted to the Sports Club Coordinator prior to the trip, or the club cannot represent the University of Louisville.

Club Name:_____ Activity or Event:_____
Club Representative:_____ Location: _____
Representative Phone #:_____ Date: _____ Time: _____
Description of Activity:
_____
_____
_____
_____

| List all drivers and their license #: | State: | License #: | Insurance (Y/N) |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Contact Phone #:_____

**If staying overnight:** Hotel: _____
Address: _____
Phone: _____

## Waiver and Release

We, the undersigned, for ourselves, our heirs, executors and administrators, waive and release all rights and claims for any damage to person or property by negligent act we may have against the University of Louisville, the Sports Club Federation, or any of their agents, for any and all injuries suffered by us or to our property or in route to and from the event named above.

| Signature of all attending event: | | Parent/Guardian (if under 18) |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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