

**The Penn State University
College of Arts and Architecture**

Department Name _____

Course name and number _____

Date of trip _____

Release Form

I request permission to:

I understand and do hereby agree to release and hold harmless The Pennsylvania State University, its officers, employees, agents and representatives from any and all claims, demands, causes of action caused by or resulting from my request as noted above.

While I am away from the faculty-in-charge, I can be contacted as follows:

Name _____

Address _____

Phone # _____

Student Signature _____

Print Name _____

Date _____