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Domestic Travel Waiver

I (We) _____, do hereby recognize that traveling carries with it risk and danger, even possibly serious injury or death. Recognizing that these dangers exist, I am (We are), or my (our) child is, willing to assume that risk and proceed to travel on any domestic trips OneLife will be taking with informed consent. I (We) hereby release OneLife Institute from any and all responsibility and liability for injuries or death, and, further, I (We), will hold harmless and indemnify OneLife Institute for any and all loss and/or damage sustained by OneLife Institute as a result thereof.

Signature of OneLife Traveler

Date

Signature of Parent/Guardian

Date

Please mail, fax, or scan and email your documentation to one of the following:

Mail: OneLife at SWU
Attn: David Slabaugh
PO Box 1020
Central, SC 29630

Email: admissions@swu.edu
Fax: 864-644-5914