



INDEMNITY FORM

External Visits / Field Trips

Student Name:.....

Student ID Number:

Program of Studies:

Course Name and Code:

Faculty / Staff Member:.....

Visit to:.....

Date of Visit: ____/____/____

Whilst attending any visit or field trip organized by the University of Nicosia as part of any course or activity, I agree to comply with all reasonable requests made by the faculty / staff member in charge of the visit or the responsible person at the site/location of the visit and will ensure, as far as is reasonably possible, to comply with all Health and Safety requirements to protect my personal property and well-being as well as the property and well-being of third parties.

I hereby acknowledge that the University accepts no responsibility for any injury, loss or damage to any natural or legal person or property during the travel/journey to or from the visit site/location or for the course or duration of the visit/demonstration and that, at all times, I will take all reasonable steps to ensure my personal safety and well-being as well as that of others.

.....
Signature

____/____/____
Date