

Activity & Travel Liability Waiver Within the U.S.



General Rules

Individuals who wish to participate in Clackamas Community College travel/activities must read and sign this statement which acknowledges their understanding of the dangers and hazards inherent with the activity, travel and transportation. In addition, if Participant is under age 18, their Parent/Guardian must read and sign this statement which acknowledges the Parent/Guardian's understanding of the dangers and hazards inherent with the activity, travel and transportation. No exceptions will be made and participant will not be permitted to participate without this signed release form.

It is understood that Clackamas Community College is not responsible for lost or stolen personal property, airline delays, expenses, transfers or hotel accommodations.

Indemnification

Participant/Parent/Guardian agrees to indemnify and release Clackamas Community College, its employees, elected or appointed officials against any loss or expense including attorney fees resulting from bodily injury, property damage, or personal injury arising out of any and all activities involved in the participant's travel. This hold harmless and indemnification does not apply to gross negligence on the part of Clackamas Community College, its officials, or employees.

Medical Insurance

Each participant is encouraged to have and maintain medical insurance covering accidental injury, dismemberment and/or death. Insurance should be valid in all locations where participant travels; proof of insurance should accompany this form.

Name of Travel Program/Activity: _____

Destination: _____

Date of Departure: _____ Date of Return: _____

Participant/Student Name: _____

Participant/Student Signature: _____

Parent/Legal Guardian Name (if participant/student is under age 18): _____

Parent/Legal Guardian Signature (if participant/student is under age 18): _____

Insurance Company: _____ Policy Number: _____

(A copy of insurance card/information should accompany this form.)

Emergency contact for the Participant/Student — Please Print

Name: _____ Relation (mother, friend, etc.): _____

Phone #1: _____ Phone #2: _____

Email address: _____

College Coordinator Name: _____ Signature: _____

