

Must be completed by students prior to travel.
TRAVEL INFORMATION, RELEASE, AND WAIVER OF LIABILITY

Harper College believes that participation in organized, off-campus activities by its students can be an important part of their learning experience. However, off-campus activities may involve certain risks, both to the participating students and to the College. In order to participate, each student must carefully read, complete, and sign this Travel Information, and accompanying Traveler's Waiver of Liability, Release of Claims and Other Agreements Relating to Travel Event.

- To participate, students must sign and submit waiver to the trip sponsor at least 2 weeks before the travel event.
- *Students requesting accommodations for transportation must make their request to Access and Disability Services at least two weeks before the date of travel. Access and Disability Services will work with the requesting student and his or her instructor to coordinate travel accommodations.*
- The originals of these forms as completed by students should be delivered by the trip sponsor to the appropriate Division Office prior to the date of the event.
- The Harper staff member who will accompany students on the travel event should be provided with a copy of each student's completed forms to bring and have on hand during the trip. The Division Office will deliver originals to Harper College Police Department before the trip takes place.

TRAVEL INFORMATION

[TRIP SPONSOR: COMPLETE ITEMS 1 THROUGH 10 BEFORE DISTRIBUTING FORM TO STUDENTS FOR SIGNATURE]

1. Group/Class Name _____ 2. Title of Trip/Event _____

3. Description of location(s) and specific activities planned to be included in the Trip/Event:

4. Name and phone number of trip sponsor _____

5. Name and phone number of staff member/contact person leading this trip _____

6. Date(s) of Event _____ 7. Time of Event _____

8. Destination _____

9. Mode and provider of transportation _____

If College is not providing transportation, check here:

10. Name, address, and phone number for accommodations, if trip is overnight.

Please print clearly

Student Name _____ **Harper ID#** _____

STUDENT'S EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to student: _____

Phone Numbers: _____ Address: _____

**TRAVELER'S WAIVER OF LIABILITY, RELEASE OF CLAIMS
AND OTHER AGREEMENTS RELATING TO TRAVEL EVENT**

To be completed and signed by participating student and, if under 18 years of age, his/her parent or legal guardian, only after carefully reading, considering and understanding the following:

I, *[student's name printed:]* _____, request to participate in the planned trip (the "Event") described on the reverse side of this form and, and in consideration of being permitted to participate in the Event, I hereby represent and agree as follows:

I understand and acknowledge that participation in the Event entails certain risks of physical injury, including risks involved in traveling, and being fully aware of the risks and hazards connected with participating I hereby voluntarily elect to participate in the Event and agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities during or associated with the Event, whether undertaken as part of a group or as an individual. I agree to waive and relinquish all claims I may have as a result of the Event against Harper College, its Board of Trustees, officers, representatives, agents, servants, and employees. It is my express intent that this Release bind my heirs, assigns, and personal representatives.

I understand and agree that if I decline to use transportation which the College provides for the Event and instead arrange my own personal transportation, the College will not be responsible for and I assume the full risk of any injuries, damage or loss I may sustain in the course of traveling to, from or during the Event.

I do hereby release and discharge Harper College, its Board of Trustees, officers, agents, servants, and employees from any and all claims resulting from injuries, damage or loss which I may have or which may accrue to me on account of participation in this Event. I further agree to indemnify and hold harmless and defend Harper College, its Board of Trustees, officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the Event.

In the event of any emergency, I authorize Harper College officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, and I agree that I will be responsible for payment of any and all medical services rendered. I understand that it is advisable that I have my insurance information with me and available at all times while I participate in the Event.

I acknowledge that during my participation in this Event, my actions and decisions reflect not only on me but also on the sponsoring department and Harper College. I understand that my behavior is subject to the Student Code of Conduct as this is a Harper College event. I agree to follow reasonable instructions from the College's designated employee(s) responsible for the Event, and to act in accordance with the behavioral guidelines in the Student Code of Conduct. I understand that if I fail to do so, I may be required to leave the Event at my own expense, and a student conduct referral may be made.

This waiver of liability and release of claims represents my complete understanding with the College concerning its responsibility and liability for my participation in the Event. It supersedes any previous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without the College's written concurrence.

By signing below, I agree to all of the terms above.

Student Signature _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Cell Phone Number _____ **Date of Birth** _____

STUDENTS UNDER THE AGE OF 18 YEARS OLD MUST ALSO HAVE A PARENT OR GUARDIAN SIGN THIS FORM.

Parent or Guardian Signature _____

Parent of Guardian Name (*please print*) _____