

Field Trip Waiver Form

This form must be completed and submitted to the respective departmental office prior to departure. No student or visitor may participate in the event unless his/her signature appears on this form.

Organization: _____

Activity: _____

Date: _____ Time: _____ Trip Coordinator: _____

Contact Information: _____

I hereby understand that I hold Reading Area Community College (the sponsor), its officers, employees and agents harmless from all liability and claims arising out of or in connection with my participation in this activity. I understand that participation in the above activity is voluntary and is not required.

In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for my safety and welfare. I agree that any expenses incurred in connection with such treatment shall be my responsibility.

I agree that in connection with this activity the possession or use of alcoholic beverages, illegal drugs and/or chemicals is strictly forbidden and a violation of the RACC Student Code of Conduct for which I will be prosecuted to the fullest extent of the Code.

I agree that I will abide by all rules and regulations of RACC and will comply with instructions given by the College representatives.

Name of participant: _____ Student ID: _____ Phone: _____

Signature of participant: _____ Date: _____

Name of emergency contact: _____ Relationship: _____ Phone: _____