



## LIABILITY RELEASE FORM

**Note: This form must be read and the personal data provided before the participant is allowed to take part in any off campus activities including field trips, conferences or competitions. By signing this form, the participant affirms having read it.**

I recognize that there are dangers and risks to which I may be exposed by participating in .

Activity	
Date	
Location	
City and State	

The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity (provided by faculty):

*In consideration of my involvement under the auspices of this sponsoring organization, I acknowledge and agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I understand that there may be no sponsor present at each and every session or activity.*

I have read and understand the above Release and Waiver and sign it voluntarily.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date Signed

**PERSONAL DATA INFORMATION MUST BE COMPLETED:**

Name	
Student ID Number	
Date of Birth	
Address	
City, State, Zip	
Home Phone	
Work Phone	

HEALTH AND ACCIDENT INSURANCE:

**You have my permission to administer emergency medical care and to use the following insurance should an injury occur.**

PERSONAL       Yes       No

Name of Company	
Subscriber #	
Group Number	
Address of Company	
Phone Number of Company	

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STUDENT'S SIGNATURE

Parent's Name/Phone Number or person to contact in case of emergency:

**STUDENT CODE OF CONDUCT AS DESCRIBED IN THE STUDENT HANDBOOK  
MUST BE REVIEWED**

A copy of this Release must be approved by and left on file with the chair of the department prior to the event and a copy must accompany the faculty on the trip. All groups should send a copy to the office of Public Safety. (Approved 1/16/01) 12/02