



## Waiver and Release of Liability for Student Activity or Course-related Field Trip

I, \_\_\_\_\_, acknowledge that by signing this waiver I express my wish to participate in the \_\_\_\_\_ activity.

In consideration of being permitted to participate in this activity or course-related field trip (hereinafter collectively referred to as "the Activity"), I agree, for myself, my heirs, administrators, personal representative, and/or assigns, that I do hereby release, hold harmless, and discharge Columbia College, its officers, trustee, employees, agents and others acting on its behalf (hereinafter collectively referred to as "officials"), from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, brought as a result of my involvement in this Activity.

Although proper protocol and care will be taken by Columbia College, I hereby acknowledge the risks involved in participating in this Activity, including travelling to and from Columbia College and/or points along the way.

I hereby further assure officials at Columbia College that there are no health-related reasons or problems which preclude or restrict my participation in this Activity.

I agree to adhere to the Columbia College Code of Conduct when participating in this Activity.

I agree to waive any and all claims, liability and damages against Columbia College and its officials with respect to any accident or loss of property that might occur in connection with this Activity.

*I CONFIRM THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ACCEPT ITS TERMS.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian/Custodian (if under 19 years of age)

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian (if under 19 years of age)

\_\_\_\_\_  
Date

Course Name and Section, if applicable: \_\_\_\_\_ (ex. PSYC 299, sec. 14)

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**Local Emergency Contact Information**

\_\_\_\_\_  
Student Full Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Cell/Home Phone Number

\_\_\_\_\_  
Emergency Contact Full Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Cell/Home Phone Number

\_\_\_\_\_  
Emergency Contact Email