



**Waiver and Release of Liability for Student Activity or Course-Related Field Trip**

**Part 1. Student Information**

_____ Student Full Name	_____ Student ID #	_____ Date of Birth	_____ Phone Number
_____ Activity	_____ Date of Activity	_____ Organizer (Course Name/Section or Department)	

**Part 2. Medical Information**

Please list any current medical conditions or allergies. \_\_\_\_\_

Medical Insurance:  GuardMe Policy # \_\_\_\_\_  
 MSP Personal Health # \_\_\_\_\_

Please indicate an emergency contact person that staff can contact. This **must be a local individual** who would be able to come to your aid in the case of emergency.

_____ Emergency Contact Full Name	_____ Relationship to Student	_____ Phone Number
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**Part 3. Student Consent**

*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 the Activity.*

*Although proper protocol and care will be taken by Columbia College, I hereby acknowledge the risks involved in participating in the 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 the Activity.*

*I agree to adhere to the Columbia College Code of Conduct when participating in the Activity (Columbia College Calendar, Code of Conduct, available on <https://www.columbiacollege.ca/>).*

*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 the Activity.*

I acknowledge that by signing below I confirm that I have read this waiver and release of liability and accept its terms. I express my wish to participate in the above stated activity.

_____ Signature of Student	_____ Today's Date
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**Part 4. Parent/Guardian/Custodian Consent (For Minor Students Under 19 Years of Age)**

I acknowledge that by signing below I confirm that I have read this waiver and release of liability and accept its terms. I consent for the minor student under my care to participate in the above stated activity.

_____ Signature of Parent/Guardian/Custodian	_____ Printed Name of Parent/Guardian/Custodian
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