

# Student Travel Release

NAME:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

The undersigned person hereby requests permission to participate in field trips, class trips, live projects, extracurricular events, and/or any activity(ies) sponsored by Craven Community College or in which the College has any involvement or participation and affirms:

- (i) I recognize and am aware that participation in any of these activities could result in physical and/or mental injury including death; and,
- (ii) I am in proper physical condition to participate in these activities. Further, I recognize and am aware that there are risks of physical and/or mental injury and death which might result from accidents, negligence or the intentional acts of others occurring during travel to and from said activities, whether by transportation provided by Craven Community College or by private vehicle or otherwise or at any time and by any other means.

In consideration of Craven Community College and any of its personnel in any capacity allowing me to participate in any such activities based on my request and affirmations, and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, I hereby waive, release and agree to hold harmless Craven Community College, its instructors, personnel, employees, agents, successors or assigns acting in whatever capacity, all sponsors and organizers of any such activities and all other persons and entities involved in the preparation for, conduct and/or control of any said events in any capacity or role whatsoever of and from any and all actions, claims, demands, costs, loss of services, expenses, compensation and all consequential and/or punitive damages on account of any and all injuries, illness or other damages, including death, which may result directly or indirectly from my participation in or attendance at or observation of any such activities.

This RELEASE has been read by me and I understand its contents and that it shall be binding on me, my heirs, personal representatives, executors, successors and assigns. I further certify and affirm that as of the signing of this Release, I am eighteen (18) years of age or older.

IN TESTIMONY WHEREOF, I have set my hand and adopted as my seal the typewritten word "SEAL" appearing beside my name, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature (SEAL)

\_\_\_\_\_  
Witness

**INSTRUCTIONS THAT APPLY WHEN A STUDENT IS TO SIGN THIS RELEASE:** The Student must sign above if the student is 18 years of age or older. If the Student is under the age of 18, then the Student does not sign but the parent(s) or guardian(s) sign on the next page.

# PARENT RELEASE

I/We hereby certify and affirm that the above student is under the age of eighteen (18), that I/we are his parent(s) or legal guardian(s), that I/we hereby execute this Release on his or her behalf and on behalf of myself/ourselves and his or her and my/our respective heirs, personal representatives, executors, successors and assigns so as to fully release all persons and claims as set forth in detail above in the body of this Release.

If this Release is signed by only one parent or guardian, he or she certifies that he or she is signing this Release on behalf of, as the agent of and with the permission of the other parent or any other guardian or guardians and any other person or person who may have any claim whatsoever in connection with any injuries, illness or other damages, including death, to the above named student and fully binds such other person or persons and their heirs, personal representatives, executors, successors and assigns to this Release.

The undersigned(s) certify that I/we have read this Release and understand its content and that it is binding on the above named student, on me/us and on the student's and my/our heirs, personal representatives, executors, successors and assigns.

IN TESTIMONY WHEREOF, I/we have set my/our hand and adopted as my/our seal the typewritten word "SEAL" appearing beside my/our name(s), this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian (SEAL)

\_\_\_\_\_  
Signature of Parent or Guardian (SEAL)

\_\_\_\_\_  
Witness