Student Travel Waiver



FOR (Name of Activity or Event)
DISCLAIMER
Morgan Community College is not responsible for any injury (or loss of property) to any person(s) suffered while playing, practicing, or in any other way involved in a program, activity, sport or event sponsored by Morgan Community College (Name of Department), its agents, or employees.
In consideration of my participation, I hereby release and covenant not-to-sue Morgan Community College, (Name of Department), or any of its employees or agents, from any and all present and future claims resulting from ordinary negligence on the part of Morgan Community College, or others listed for property damage, personal injury, or wrongful death, arising as a result in my participating in or observing any program, activity, sport, or event sponsored by (Name of Department), or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waiver any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.
ACTIVITY
As a participant, I verify that I am aware of the catastrophic injuries that may occur during my travel or involvement. These include but are not limited to: strains, sprains, broken bones, ligament damage, eye injuries, auto accidents, plane crashes, bus, taxi, shuttle accidents, heart attack, and possible death. I am aware of and accept responsibility during my participation in the event/activity located in (City) (State)
and the travel to and from this event. I indemnify and hold Morgan Community College and its agents and employees harmless for any loss of any kind resulting from my participation during this activity. I assume my own risk and agree to act according to the Student Code of Conduct as I participate in this activity, and I know of no reason why I should not participate in this activity or feel my health status would be jeopardized by my participation.
I understand that participation in the above listed activity/event involves incidental thereto, including, but not limited to, travel to and from the site of the activity/event, participation at sites that may be remote from available medical

CONDUCT RESPONSIBILITIES

personal injury, or death.

Students are expected to conduct themselves in a responsible manner and abide by College rules and regulations during all College-sponsored travel and activities. Students are representing Morgan Community College and should conduct themselves in an appropriate manner that promotes our goals and mission as a learning institution of higher education. Students are expected to adhere to the Student Code of Conduct and to all policies and procedures of Morgan Community College as outlined in the Student Handbook.

assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage,

WAIVER AND RELEASE

I further agree to indemnify and hold harmless Morgan Community College and others listed for any and all claims arising as a result of my participation in the above-listed activity or any activity incidental thereto, wherever, whenever, or however the same may occur.





I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Colorado and agree that if any portion is held invalid, the remainder of the waiver will uphold in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Colorado.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Morgan Community College or any of the parties listed above.

DRIVER RESPONSIBILITIES

By driving myself and others to this activity, I acknowledge that I have a current driver's license in good standing with the state of Colorado as well as current car insurance.

FINANCIAL RESPONSIBILITIES

	dent Life and/or the org	e in this event for any reason, I may be required to reimburse the anization for part or all of the cost of my travel and/or other
Participant's Name		Student ID Number
Address	City	Zip
Phone: ()	Emergency Contact (Name and Phone)	
Signature and Date of Par	ticipant	Signature and Date of Legal Guardian if Participant is under 18
Name of Physician:		Phone: