



Field Trip Registration Form

Name _____ Phone _____

Address _____

City, State _____ Zip _____

Trip _____ Trip Dates _____

Trip Term Fall Spring Summer

Student Organization _____

Trip Destination _____

Organization Advisor _____

Medical Emergency - Person to be contacted in case of emergency

Name _____

Address _____ City, State _____ Zip _____

Phone _____ Relation _____

List any allergies that you have including food or drug allergies _____

List any medications that you are currently taking _____

Declaration and Release of Parent/Guardian for Participants under the age of 18:

I certify that I am the parent or legal guardian of _____
Who has applied for participation in the field trip program. I have read the foregoing Assumption of Risk, Waiver of Liability and Medical Authorization and I understand it. Further, in consideration of _____ being permitted to participate in the _____ field trip program, I accept and agree to be bound by, on my own behalf and on behalf of _____ the terms and conditions set forth in the forgoing Assumption of Risk, Waiver of Liability and Medical Authorization.

Parent/Guardian Signature _____ Date _____



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Please initial each statement to agree

Use and Possession of Drugs and Alcohol

_____ No student may engage in the unlawful possession, use, or distribution of illicit drugs and/or alcohol on the school's property, or as part of any of its sponsored activities. Such unlawful activity shall be considered sufficient grounds of serious punitive action, including expulsion.

Seat Belt Notification

_____ I understand that under state law I am required to wear my seat belt as a passenger in the vehicle in which I am riding.

Code of Conduct

_____ I hereby agree that in consideration of my being permitted to participate in this West Georgia Technical College field trip as a student, I will be subject to the supervision and authority of the faculty and/or director in charge. I also understand and agree that the faculty and/or director in charge has the sole authority to make decisions regarding my continued participation in the field trip program if they determine that my conduct warrants disciplinary action or if they determine that my continued participation, for whatever reason, poses an immediate risk of harm to me or to others. *I agree that as a participant in this school-sponsored trip, I will be responsible for my own actions at all times and follow the code of conduct set forth by West Georgia Technical College as outlined in the catalog.*

Assumption of Risk, Waiver of Liability, and Medical Authorization

I recognize that participation in field trip program entails certain risks to my property and person that, in rare circumstances, can be serious or even lethal. In particular I understand that the trip will involve the following activities _____

_____ I freely assume those risks associated with these activities. I further understand and agree that West Georgia Technical College shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me. I also agree to give up any rights I may otherwise have to sue or otherwise bring claims against West Georgia Technical College and its officers, faculty, employees or agents, for personal injuries or death or other harm, except for those injuries, death or other harm caused by a deliberate wrongful act of the aforementioned Technical College and/or its officers, faculty, employees or agents. I understand that it is possible for me to purchase insurance, at my own expense, that will indemnify me against the risk of the financial losses outlined in this paragraph.

Acknowledgement and Agreement

My signature on this document indicates that I have read and agree to the above information, rules, and regulations on this field trip.

Student Signature _____ Student Printed Name _____ Date _____



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SELF-TRANSPORT STATEMENT

West Georgia Technical College will provide transportation in official government or rented vehicles for the purpose of sanctioned field trips, conferences, competitive events, and other activities which involve WGTC students and employees.

In extenuating circumstances, students may request permission to use personal vehicles for transportation. If self-transportation to and from the sanctioned event is approved, the Student assumes all risk related to self-transportation, waives any and all claims for injury, damage, death or any other legal claim and covenants not to sue West Georgia Technical College, the Technical College System of Georgia or its Board or any of their employees, officers or other agents.

STATEMENT OF UNDERSTANDING

I, _____, request that I be allowed to provide my own transportation to the field trip or event listed below. I hold West Georgia Technical College harmless from any liability in the event of damage, injury, or death incurred as a result of providing my own transportation to and from the event.

Signature: _____

Organization: _____

Activity Description: _____

Dates of travel: _____