

TRAVEL and LIABILITY WAIVER FORM

_____SAIL_____ sponsors field trips and special events for members as a means of providing a comprehensive and diverse learning environment. Field trip/event participants and leaders are expected to conduct themselves in a professional and positive manner as representatives of _____. Participants must adhere to and are responsible for knowing the Code of Conduct as per Civil Laws pertaining here thereto. Failure to follow operating guidelines, instructor/staff directives, and/or any civil laws may result in disciplinary action and if necessary removal from the remainder of activity at participants own expense.

I. TRAVEL: **Trip Director and Dept:** _____ **SAIL** _____

Name of Field Trip, Course & Travel Dates: _____ **Trip to:** _____

Cost: _____

Dress: _____ **PE Uniform** _____

Departure Date and Time: _____

Return Date and Time: _____

Precautions: Check weather before departure; Wear appropriate clothing for venue and proper footwear for walking/activities.-

This is to certify that, _____ has full permission to participate in the indicated trip on this form.
(Student Name - Print)

II. **LIABILITY WAIVER / RISK ACKNOWLEDGEMENT:** I understand that any medical expenses, property loss, or other personal expenditures that result during or from this travel/trip, are to be borne by the student or by their parent or guardian. I also hereby consent, give authorization to, and release from liability; trip leaders to secure any emergency medical treatment in event I am unable to, and I agree to be responsible for the costs thereof.

In signing this form I hereby release, indemnify and hold harmless _____, its faculty/staff, trustees, officers, volunteers, agents or organization from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

Signature of Student/Participant

Date

Signature of Parent or Guardian

Print Student/Participant Name

Print Parent/Guardian Name

Emergency Contact Name: _____ **Phone:** _____

For Participant:

Additional Information or Instruction for Emergency purposes:

Emergency Contact Name and Number:

Participant Special Needs Request: _____

For List of Allergy's or Special Medical Needs Staff will Refer to Student personal information submitted at time of Enrollment. If there are any changes or additions please indicate them in the area below. If student will be taking any form of medicine while on the trip please also indicate in the area below.

