McPherson College Travel Release of Liability Waiver – Participant Information, Liability Release & Emergency Contacts

Office of McPherson College

**All MC trip participants must complete this form. All blanks must be completed.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Contact Information while on trip (Phone, Email, Other):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian / Emergency Contact (Address, Email & phone):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier and Policy Number (required):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release from Liability and Waiver of Claims:

I hereby certify that I am aware of the risks and dangers of a college trip, either domestic or international. I am aware that McPherson College is not responsible for me while I am on the trip, and cannot undertake financial responsibility in the event that I am injured while participating in the activity or for other damages or claims that may arise from the trip. I understand that by participating in this trip, I will be exposed to these dangers and risks, which could result in injury, illness, damage to property or even my death. I also understand that any injury or damages that may result could arise from the actions, inactions or negligence of others.

I hereby forever absolve and release the College, its Board of Trustees and their respective employees and agents from all liability and responsibility for any claims, losses or demands relating to injury, death or damages to myself or my property, which may result from, or arise in the course of, the program, including claims, losses or demands caused or alleged to be caused (ii) the negligence of the College or any of the above entities, except to the extent that such injury, death or damages is caused by any of their gross negligence or willful misconduct.

Student Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_