

# Minor Field Trip Release, Waiver and Assumption of the Risk

## Instructions

\* Columbia College Students 18 and older: To avoid processing delays, please use the MyPortal Field Trip Release Form instead.

Choose one of the following options:

- Read & fill out the form, print, sign and submit to field trip sponsor.
- Print Blank Form, read & fill it out, sign and submit to field trip sponsor.

## **COLUMBIA COLLEGE FIELD TRIP RELEASE, WAIVER AND ASSUMPTION OF THE RISK**

In consideration for my (undersigned) (hereinafter referred to as the "Participant") participation in the field trip activity (hereinafter referred to as the "Activity"), which is sanctioned by Columbia College (hereinafter referred to as the "College"), I hereby agree to the following:

1. I hereby forever release, waive, discharge, covenant not to sue, and agree to indemnify and hold harmless the College, its Board of Trustees, officers, agents, employees, and volunteers (collectively referred to herein as the "Releasees") from any and all liabilities, claims, demands, losses, damages and / or injury, that may be sustained during participation in the Activity, travel to or from the Activity, and / or while on premises owned, leased or controlled by the College, including injuries that are a result of a negligent act(s) or omission(s) of Releasees.
2. There are risks, including inherent risks, associated with participation in the Activity and being fully aware of the risks, Participant decides to nonetheless voluntarily participate in the Activity and Participant states they are able to fully participate in the Activity and there is no medical, physical, mental or other reason that would limit or otherwise prohibit their participation in the Activity.
3. College staff and other medical personnel may take any action deemed reasonable and necessary in case of emergency medical situations. Releasees may not maintain insurance covering circumstances arising from participation in the Activity, and in the event of reasonably necessary medical treatment is required, Participant's personal insurance coverage shall serve as the primary insurance.
4. This Release, Waiver and Assumption of the Risk document is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that if any portion of this document is determined to be invalid by a court of competent jurisdiction, the balance of this document shall – notwithstanding the invalid term – continue in full legal force and effect.
5. I understand and intend that this document may be plead as a complete defense and

bar to any claim, action, lawsuit, or other proceeding I may institute against the College and/or Releasees, or that may be instituted, related to the subject matter hereof and the terms hereof shall be binding upon Participant's heirs, estate, executor, administrator, assignees, and all family members

6. This Agreement is governed by and constructed in accordance with the laws of the State of Missouri, without regard to any conflict of laws provision and Participant consents to exclusive jurisdiction in the State and Federal Courts in which Boone County, Missouri is located.

**Participant Information**

Columbia College ID#:

First Name:

Last Name:

Is the Participant under the age of 18 at the time of submission?    Yes    No

**Emergency Contact Information**

Name:

Relationship:

Daytime Phone Number:

Evening Phone Number:

Other Phone Number:

Effective date:

Primary Language (if not English):

**Alternate Emergency Contact Information**

Name:

Relationship:

Daytime Phone Number:

Evening Phone Number:

Other Phone Number:

Effective Date:

Primary Language (if not English):

**Signature**

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE HAD TIME TO READ, AND HAVE READ AND UNDERSTAND THE FOREGOING PROVISIONS AND THAT SUCH PROVISIONS ARE REASONABLE AND ENFORCEABLE. I ACKNOWLEDGE THAT I HAVE SIGNED THIS DOCUMENT AS MY OWN FREE AND VOLUNTARY ACT INTENDING TO BE BOUND BY THE SAME, NOW AND IN THE FUTURE, AND ACKNOWLEDGE THAT THIS IS AN IMPORTANT AND BINDING LEGAL DOCUMENT THAT I HAVE CAPACITY TO SIGN AND THAT SHOULD BE REVIEWED BY AN ATTORNEY. NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING HAVE BEEN MADE.

Signature of Parent or Legal Guardian: \_\_\_\_\_

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