

## Waiver of Liability for Domestic/International Travel Student Form

<b>Name:</b> _____	_____	_____	_____
	First	M.I.	Last
<b>SID#: S</b> _____	<b>Phone #:</b> _____	<b>DOB:</b> ____/____/____	
<b>Address:</b> _____	_____	_____	_____
	Street	City	State Zip Code
<b>Email:</b> _____			<b>@student.ccs.edu</b>
Your official CCD email account is the only email CCD will accept for correspondence.			

**Read this document completely before signing. Its effect is to release the Community College of Denver, the state Board for Community Colleges and Occupational Education, and the State of Colorado from any liability resulting from your participation in the activities described below, and to waive all claims for damages or losses against the state, the Board or the College which may arise from such activities.**

Activity/ies: \_\_\_\_\_

Location of Activity/ies: \_\_\_\_\_

Start Date of Activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date of Activity: \_\_\_\_/\_\_\_\_/\_\_\_\_

### INSURANCE INFORMATION (for international travel only):

**STUDENT:** I am aware that as a student of the Community College of Denver, I can purchase travel and accident insurance through an insurance carrier or agent, and that I am required to purchase such insurance to participate in the above-named activities.

**NAME OF INSURANCE CARRIER:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

### RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

I, \_\_\_\_\_ the undersigned participant, exercising my own free choice to participate voluntarily  
Print Name

in the above-named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the State Board for Community Colleges and Occupational Education and the Community College of Denver, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed activities. I acknowledge that I am responsible to provide my own health or accident insurance.

I acknowledge that I may be photographed, video-taped, and/or recorded and I waive my photographic rights to the Community College of Denver. I hereby consent to and authorize any use and reproduction by you, or anyone authorized by you, of any and all photographs/digital images/ video tapes/recordings.

I also recognize that this is a college sponsored trip and I agree to abide by all college policies, as well as State and Federal laws on the trip/activity. This includes omitting the use of alcohol, illicit drugs, and not bringing or using any weapons. I am aware that if I choose NOT to abide by college rules and policies, I will be subject to the Community College of Denver disciplinary action as well as possible State or Federal charges. I further understand that I may be banned from future Community College of Denver Community Education courses, programs or activities.

I acknowledge that I have been informed of the nature of the activities and that I am aware of the hazards and risks which may be associated with my participation in the above-named activities, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims for myself, my heirs, successors, and executors, against the State

of Colorado, the State Board for Community Colleges and Occupational Education, and the Community College of Denver, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above-named activities.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release from Responsibility, Assumption of Risk, and Waiver.

I, \_\_\_\_\_, HAVE READ, UNDERSTOOD AND AGREED TO THIS ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_  
Print Name

Signature of Participant whose printed name appears above:

Student: \_\_\_\_\_  
Print Name Signature Date

**Witness over 18 years of age (Participant must sign in the presence of the Witness)**

Witness: \_\_\_\_\_  
Print Name Signature Date

**If Participant is under 18 years of age, his/her parent(s) or legal guardian must also sign:**

I, \_\_\_\_\_, am the parent or legal guardian of the participant who has signed above. I have read and understand the  
(Print Name)  
provisions of this document, I consent to participant taking part in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk and Waiver.

Parent or Legal Guardian: \_\_\_\_\_  
Print Name Signature Date

**Witness over 18 years of age (Parent or Guardian must sign in the presence of the Witness)**

Witness: \_\_\_\_\_  
Print Name Signature Date

**Internal Information Only**

**\*\*FORMS ARE TO BE COLLECTED BY THE CHAPERONE AND GIVEN TO THE APPROPRIATE DEPARTMENTAL PERSONNEL FOR RETENTION FOR A MINIMUM OF THREE (3) CALENDAR YEARS\*\***