



**Central
Arizona
College**

**Student/Participant/Volunteer
Travel Packet For
Off-Campus Activities
and
Field Trips**



-Student/Participant/Volunteer Instructions-

All students, participants, and volunteers attending programs/events/functions representing Central Arizona College must read and complete the following documents:

- Medical and Emergency Contact Information Form
- Travel Assumption of Risk and Release of Liability
- Student/Participant/Volunteer Agreement Form

Students/Participants/Volunteers must complete a new packet for each trip. All forms must be submitted and reviewed by the Trip Coordinator and then submitted to the appropriate Dean at least two weeks prior to the travel date. Individuals filling out the forms are responsible for ensuring the accuracy of all information provided on each form.

All lines must be filled in. Please do not leave any lines blank. Put an N/A if you have no information to provide to the College.



Student/Participant/Volunteer
Medical and Emergency Contact Information Form

***Required Information**

*Name of Activity _____	*Date of Activity _____
*Student's Name _____	*Student Cell Phone _____
*Emergency Contact Name _____	*Relationship to the Student _____
*Emergency Contact Home-Work _____	*Emergency Contact Cell Phone _____

Are you 18 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
History of Diabetes or Epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergies to Sulfa, Penicillin, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permission to Administer Anesthetic?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Any medical conditions or accommodations needed?

I further authorize Central Arizona College to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

_____	_____
*Signature of Student	Printed Name

Parent Signature Required (if participant is under age 18)

_____	_____
Signature of Parent	Printed Name

Travel Assumption of Risk and Release of Liability

Caution: This is a release of legal rights. Read and understand before signing.

Central Arizona College is a public educational institution. References to the College ("College") refers to all of the Colleges within the Pinal County Community College District ("PCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____ freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF TRAVEL: (Specific dangers endemic in this Program's area of travel.)

INSTITUTIONAL ARRANGEMENTS: I understand that the College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that the College is providing these services only as a convenience to participants and that accordingly, the College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that the College is not responsible for matters that are beyond its control. I acknowledge that the College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by the College.

INDEPENDENT ACTIVITY: I understand that the College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunization, if any.

I recognize that the College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representatives of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. The College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the College from any liability for any actions.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend the College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date



Student/Participant/Volunteer Agreement Form

Purpose of Agreement:

This agreement outlines and responsibilities of all students attending programs/events/functions representing Central Arizona College.

Leadership behaviors that are expected:

- Treat everyone with respect and dignity.
- Be team oriented.
- Help others when requested.
- Treat the environment and facility appropriately.
- Maintain a positive attitude.

Students are expected to adhere to Central Arizona College's Student Code of Conduct (Policy 589 in the College Catalog). The code outlines students' rights and responsibilities and the College's expectations with respect thereto. Every student is expected to be aware of the obligations and responsibilities imposed by the Code and comply with it.

I have received and read a copy of this Agreement, and I understand what is and is not expected of me for the duration of this trip. I also understand that if I have any concerns or problems while I am on this trip, I will locate my college advisor/faculty member/coach for immediate assistance.

I understand that any Code of Conduct violation may lead to my dismissal from the trip, at my own expense if deemed necessary by my college advisor/faculty member/coach.

Signature of Student, Participant or Volunteer

Date

Parent Signature (if participant is under age 18)

Signature of Parent

Printed Name