



STUDENT TRAVEL CONSENT FORM

Required for all WVC students participating in ASWVC sponsored off-campus travel activities.

I, _____, hereby acknowledge and certify the following:

1. I understand that in connection with my voluntary membership in the _____ I will be participating in a scheduled event, traveling off-campus on _____ (date) for _____ days/hours. My attendance and participation in this event is strictly voluntary and no college credit is awarded in conjunction with this trip.
2. I understand that I am responsible for my own safety while participating in the above mentioned event, and for any desired medical or accident coverage. WVC will provide a responsible adult to accompany and supervise me on this trip
3. I understand that there are inherent risks in traveling to, within, and from _____ for this event, including injury or death.
4. I agree that I will comply with Wenatchee Valley College policy and I declare that I will not use, alcohol or drugs when traveling to, within and from any college sponsored activity.
5. I understand that neither the college nor any of its agents or instructors serves as guardians or insurers of my safety, and that the college does not provide special insurance for my protection.
6. I understand that there are certain dangers associated with my participation in this trip, including accidents, illnesses, and any other harm, injury or damage which may befall me as a result of traveling to, within and from _____ while attending this event and all of its related activities, and staying in a hotel.
7. In case of emergency, I request that the college contact:

Name: _____

Address: _____

Phone: _____

RELEASE OF LIABILITY

For and in consideration of instruction and/or participation in this activity, I hereby release and hold harmless Wenatchee Valley College and its officers, employees and agents from all claims arising out of the instruction and/or participation in the activity, or in transit to and from the activity site. I also accept full responsibility for the cost of treatment for any injury suffered while taking part in this activity.

**INFORMED ACKNOWLEDGEMENT AND CONSENT
TO HAZARDS AND RISKS/
RELEASE OF LIABILITY CONNECT WITH PARTICIPATION
IN THE ACTIVITY**

By signing this acknowledgement of risks and hazards, I acknowledge that I have read and understand its contents and that I voluntarily choose to participate in the Wenatchee Valley College activity.

Signature

Date

If you have a disability and need accommodation to participate in this activity, please contact the Special Populations Coordinator in Wenatchi Hall (682-6854) in advance.

If the student is under 18 years of age, his/her parent(s) or guardian(s) must sign in addition to the student.

By signing this acknowledgement of risks and hazards, I acknowledge that I have read and understand its contents and that I voluntarily choose to permit my child or ward to participate in the Wenatchee Valley College activity.

Signature

Date

**THIS FORM MUST BE TURNED INTO THE CAMPUS LIFE OFFICE
BEFORE TRAVEL IS APPROVED**