

# Activity & Travel Liability Waiver Outside the U.S.



## General Rules

Individuals who wish to participate in Clackamas Community College travel/activities must read and sign this statement which acknowledges their understanding of the dangers and hazards inherent with the activity, transportation and foreign travel. In addition, if Participant is under age 18, their Parent/Guardian must read and sign this statement which acknowledges the Parent/Guardian's understanding of the dangers and hazards inherent with the activity, transportation and foreign travel. No exceptions will be made and participant will not be permitted to participate without this signed release form.

It is understood that Clackamas Community College is not responsible for lost or stolen personal property, airline delays, expenses, transfers or hotel accommodations.

## Indemnification

Participant/Parent/Guardian agrees to indemnify and release Clackamas Community College, its employees, elected or appointed officials against any loss or expense including attorney fees resulting from bodily injury, property damage, or personal injury arising out of any and all activities associated with the participant traveling outside the U.S. This hold harmless and indemnification does not apply to gross negligence on the part of Clackamas Community College, its officials, or employees.

## Medical Insurance

Each participant must have and maintain medical insurance covering accidental injury, dismemberment and/or death. Insurance must be valid in all locations where participant travels; proof of insurance must accompany this form.

Name of Program: \_\_\_\_\_

Destination: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Participant/Student Name: \_\_\_\_\_

Participant/Student Signature: \_\_\_\_\_

Parent/Legal Guardian Name (if participant/student is under age 18): \_\_\_\_\_

Parent/Legal Guardian Signature (if participant/student is under age 18): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

(A copy of insurance card/information must accompany this form.)

## **Emergency contact for the Participant/Student — Please Print**

Name: \_\_\_\_\_ Relation (mother, friend, etc.): \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email address: \_\_\_\_\_

College Coordinator Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Routing: Original to the Exec. Assistant of College Services, 1 copy to department issuing the waiver