

# TRAVEL/TOURS

## HARFORD COMMUNITY COLLEGE TRAVEL PARTICIPANT RELEASE OF LIABILITY FORM

*Division of Continuing Education & Training*

The purpose of this form is to inform you of certain risks and responsibilities that you will be assuming while participating in off-campus activities. Please read the form carefully before signing and return to the program coordinator responsible for this event.

### I. RISKS AND DANGERS

There are certain dangers, hazards and risks in off-campus activities. Harford Community College does not assume responsibility for any injuries, death or damage resulting from these dangers, hazards or risks. The College is not responsible or liable for any injury, damage, loss, accident, delay or other irregularity, which may be caused by any supplier of any goods or services used by or during off-campus activities.

### II. HEALTH AND SAFETY

Harford Community College does not provide health insurance. Participants are responsible for providing their own health insurance. Participants are required to carefully follow instructions and safety procedures provided by the activity supervisor and the College. Participants are also required to abide by the rules and regulations of the off-campus site and College to include the Student Code of Conduct. Those failing to act in accordance with the rules and regulations of the College may not be permitted to continue to participate in the activity.

### III. TRANSPORTATION

Harford Community College assumes no responsibility of liability for any injuries to person or property caused by the acts or omissions of others during transportation. Further, Harford Community College makes no recommendations or guarantees as to any transportation providers you may deal with in making your arrangements.

### IV. ACTIVITIES AND ASSOCIATIONS

Harford Community College makes no representations or recommendations regarding the activities. Further, Harford Community College assumes no responsibility or liability, for personal or property injuries resulting to the student or for damages caused by the student, resulting from the student's participation in these activities outside of professional duties assigned by the College.

Program Coordinator Name: **Lisha Sturgill, Coordinator for Community Education**

Title/Location & Date of Trip: \_\_\_\_\_

*Complete one form for each trip.*

Your Name (please print, indicate nickname if any): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Meal Selection (if applicable): \_\_\_\_\_

Your Travel/Seat Partner(s): \_\_\_\_\_

Others in Your Group: \_\_\_\_\_

Cell Phone Number (for day of the trip): \_\_\_\_\_

Emergency Contact-someone not on the trip: (name and best phone #) \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_