



EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

I, _____ of _____
Name Address

am a student in _____ and am voluntarily participating in the
Course

_____ field/trip excursion to be held from _____ through _____
Trip Date Date

1. I assume all responsibility for any injuries that I may sustain in the pursuit of the above-described field trip/excursion. I understand and acknowledge that the above-described field trip/excursion may involve potentially dangerous situations.
2. I do hereby waive, release, and forever discharge Mesalands Community College, its Board of Trustees, its officers, employees, agents, and servants (hereinafter collectively referred to as the "College") from any and all liability arising out of or in connection with the above-described field trip/excursion.
3. For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators, or assignees may have against the College because of any death, personal injury, or illness, or because of any loss or damages to property that occurs during the above-described field/trip excursions.
4. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Signature of Student

Date

Address

Phone

Health Insurance Company

Policy Number

Parent/Legal Guardian Signature (required for all participants under 18 years):

I, _____ am the natural parent and/or legal guardian
of _____ a minor, and having full authority to act on behalf of
the above-mentioned minor, hereby acknowledge and agree to all terms of this *Waiver of Liability*.

Signature of Parent or Legal Guardian

Date

Address

Phone

In the event of illness or accident, please notify:

Name

Address

Phone