

STUDENT TRAVEL REQUEST for field trips and student life
This form with all required paperwork must be submitted at least 30 days before travel

Name of Event (purpose of travel) _____

Dates of travel _____ Event/activity organizer _____

Name of Participant _____ MCC ID # _____

Name of Course or Club traveling _____ Campus _____

Waiver of Liability/ Assumption of Risk

_____ **Initial** I agree that as a participant in a Mohave Community College (MCC) event or activity, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I understand the general nature of the risks involved in this activity, including, but not limited to, personal injury or loss of personal property.

_____ **Initial** I understand that in the event of accident or injury, judgment may be required by MCC personnel regarding what actions should be taken on my behalf. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to myself as is judgment of the doctor or hospital that may be requested on an emergency basis in the event I should be injured or stricken ill while participating in a class or activity sponsored by MCC. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition before participating in the event.

_____ **Initial** I further agree to abide by any and all specific requests by MCC personnel for my safety or the safety of others. I understand that the College reserves the right to exclude my participation in the event if my participation or behavior is deemed detrimental to the health, safety or welfare of others.

_____ **Initial** In consideration for being permitted to participate, I agree to assume the risks involved. I hereby agree to hold MCC and its officers, agents, employees, or the officers and members of any club or MCC organization harmless for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation, unless any such personal injury, damage to or loss of my property is directly due to the negligence of MCC. I understand that the assumption of risk will remain in effect during the entire event.

_____ **Initial** I am aware that MCC does not provide accident or health insurance coverage for me. I am aware that I am not entitled to worker's compensation benefits while participating in any MCC sponsored event or activity. I am responsible for any health care required as a result of my participation.

_____ **Initial** I understand that if I am under the age of 18 when this event/activity occurs I will need my parent/guardian to attend with me. I will work with the organizer to ensure this requirement is met.
A signed FERPA form giving my parent/guardian permission to be informed of this event/activity is required.

_____ **Initial** I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.

Participant Signature

Date

If insured, name of medical insurance carrier* _____

*Attach photo copy of insurance card to form

Emergency contact name _____ Emergency contact phone _____