



Student LIFE Travel Liability Waiver

Name of Student

OCC Student? Yes No If yes, please provide student ID number: _____

Event/Trip

Date(s) of Event/Trip

Emergency Contact Person

Contact Phone Number

I acknowledge that there are risks associated with making any trip, and that these risks include, but are not limited to, accidents associated with travel, transportation or vehicular traffic, while a passenger in or on a vehicle or while a pedestrian; illnesses related to food, weather, or other causes; and actions of other people. I hereby assume all the risks of participating on this trip.

I understand that Oakland Community College strongly discourages any deviation from the itinerary and accepts no responsibility, if I elect to leave early or extend my visit. I also accept liability for any financial obligations, damage or injury I may incur.

I understand that medical insurance – along with any and all associated medical expenses – are my individual responsibility. It has been strongly recommended to me by Oakland Community College that I have valid health insurance enforce during travel.

I further understand that I am responsible for making sure that my health insurance is valid in _____ State (or country if outside the USA).

In consideration of my application and permitting me to participate on this trip, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assign to:

A. Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me from any cause whatsoever, including as to my traveling to and from all destinations associated with this trip, the following entities or persons:

1. The College, its elected and appointed officials, employees, students, and volunteers working on behalf of the College

B. Indemnify and hold harmless the entities or persons mentioned in the above paragraph "A" from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this trip.

I hereby certify that I have read this document and understand and agree to its terms and content.

Signature

Date

Signature of parent or guardian (if student is under 18 years of age)

Date

Witness

Date