

Field Activity Waiver, Release of Liability, and Acknowledgement of Policies

Activity: _____ Course/Section: _____

Leader(s): _____ Semester/Year: _____

Participant information (please print):

Name: _____

Address: _____

Telephone: _____

I, _____ (*participant or legal guardian if the participant is not yet 18 years of age*), waive, release and discharge Austin Community College District (ACC), its trustees, officers and employees from any claims, demands, costs, causes of action, or damage as a result of property loss or damage, or personal injuries sustained to myself during my participation in or traveling to and from locations for field trips or field activities for this course. Furthermore, I intend this waiver and release to be legally binding on my heirs, executors, administrators, estate and assigns. In the event that ACC or any trustees, officers, agents, employees or volunteers of ACC provides transportation for me, this Waiver and Release shall extend to and release any volunteer driver or employee driver from any aforesaid liability.

In the event that I become ill or have any type of accident or other emergency situation concerning my health, safety or well being, I authorize ACC to obtain the services of a licensed physician to treat and administer medication to me. By doing this I release and hold harmless ACC, its trustees, officers and employees, for any liability whatsoever that may result from negligence, nonfeasance or malfeasance that may arise as a result of the emergency and/or treatment.

I _____ (*participant or legal guardian*) the undersigned, hereby state that I am an adult over the age of eighteen (18) years, and that I am mentally competent to make this release. I will notify ACC in writing if this status changes. Students under 18 must have the signature of a parent or legal guardian on this form. I further state that I am physically able to participate in the field trips or activities during the semester indicated above.

By signing this form I acknowledge that I have read, understood, and received the policies for all field activities in this course and that I agree to follow them. If I have provided emergency or health information I agree that I will notify the leader in writing of any changes that occur during the semester.

Signature of Participant (if under 18, parent or legal guardian must sign) Date

Signature of Witness (witness must be at least 18 years old) Date

Printed Name of Witness

Submit this form to the professor or ACC field activity leader. The instructor must submit the completed form to the Department Safety Coordinator before the activity.