

Odessa College Registered Student Organization

Travel Waiver & Release of Liability

Student Activities must receive a copy of this form from **each student** traveling with the organization 2 days prior to departure.

Organization Name: _____

Travel Destination: _____

Depart Date/Time: _____ **Return Date/Time:** _____

Student Name: _____ **Telephone:** _____

Street Address: _____

Emergency Contact Name: _____

Telephone: _____ **Relationship:** _____

Please use the space below to describe any medical condition which your advisor or emergency personnel should be aware of in an emergency situation:

I, _____ (*print name*) waive, release, and discharge Odessa College, its trustees, officers, and employees from any claims demands, costs, cause of action, or damage as a result of property loss or damage, or personal injuries sustained to myself during any and all travel and activity pertaining to the above specified event travel.

Furthermore, I intend this waiver and release to be legally binding on my heirs, executors, administrators, estate, and assigns. In the event that Odessa College or any trustees, officers, agents, employees, or volunteers of Odessa College provide transportation for me, this Waiver and Release shall extend to and release my 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 Odessa College, or its designated agent, to obtain the services of a licensed physician to treat and administer medication to me. By doing this, I release and hold harmless Odessa College, 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, the undersigned, hereby state that I am an adult over 18 years of age, and that I am mentally competent to make this release. I will notify Odessa College in writing if this status changes. I further state that I am physically willing and able to participate in the trip listed above.

I understand that I am responsible for consulting my physician regarding any medical conditions (such as asthma, epilepsy, diabetes, anaphylactic reaction, pregnancy, etc.) that may affect me during the course of this trip. I am responsible for providing and administering any medications that must be taken either orally or by injection.

Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(Only if student is under 18 years of age)

Witness Signature: _____ **Date:** _____

Printed Name of Witness: _____

Date Received by Student Activities:

____/____/____