

STUDENT/PARTICIPANT WAIVER FORM

Division:	
Course Title and CRN:	
Purpose of Trip(s):	
Sponsoring PPCC Employee/Instructor:	
Scheduled Dates/Times of Field Trip(s) for Semester:	
Destination(s):	
Means of Transportation:	

I understand that I am expected to conduct myself in a responsible manner and abide by college rules and regulations, as well as, municipal, state and federal laws during all college-sponsored travel and activities. As a student, I am representing Pikes Peak Community College (PPCC) and will conduct myself in an appropriate manner that promotes the PPCC goals and mission as an institution of higher education.

I further understand that I am expected to adhere to the Standards of Conduct and to all policies and procedures of Pikes Peak Community College. Actions such as, but not limited to, sexual harassment, sexual misconduct, dishonesty, forgery, disorderly conduct, indecent or obscene conduct, gambling, infringement upon the rights of others, possession, distribution or consumption of alcohol or illegal drugs and unauthorized use of prescription drugs are prohibited by the Standards of Conduct. Refer to the Student Guide for a more detailed explanation of misconduct that may subject a student to disciplinary action.

I am aware that if I choose NOT to abide by college rules and policies, I will be subject to PPCC disciplinary action as well as possible Municipal, State or Federal charges. I further understand that I may be banned from future PPCC courses, programs, activities, or employment if there is a finding of a violation of the Student Standards of Conduct under the Student Disciplinary Procedure (CSP 4-30).

By signing this form, I acknowledge that I am traveling with the program/class noted above at Pikes Peak Community College. I realize that there are inherent risks, hazards and dangers that cannot be eliminated. I acknowledge that these include, without limitation, risks from the activity itself, transportation to and from the activity, risks connected with my physical condition, and actions of other participants. I acknowledge that I am responsible for providing my own health and/or accident insurance while participating in this program or activity. I understand that the college does not carry any health insurance for students. I understand that if I become ill or injured, any medical



treatment and transport is at my own expense. I also acknowledge that, if I choose to refuse medical treatment or transport, I am responsible for any consequences of that action and cannot hold Pikes Peak Community College liable for my decision. I also acknowledge that I may be photographed, videotaped, and/or recorded while engaged in this college- related activity. I hereby consent to and authorize any use and reproduction by the college, or anyone authorized by the college, of any and all photographs/digital images/video tapes/recordings.

I hereby accept full responsibility for any damages that I may cause to PPCC equipment and/or my accommodations, and agree that I am responsible for compensating PPCC or other businesses the full amount of any necessary repair or damage charges.

For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, indemnify and hold harmless the college, Pikes Peak Community College (PPCC), The State Board for Community College and Occupational Education, The State of Colorado, trustees, officers, employees, agents and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses and NEGLIGENCE of any kind of nature arising directly or indirectly out of any damage, loss, injury, paralysis or death in connection with my participation in this course, program or activity and/or use of this equipment and to waive all claims for damages or losses against the state, the Board or the college which may arise from such activities.

Furthermore, I understand that this release shall be forever binding and no rescission, modification or release there from may be made without the express written consent of Pikes Peak Community College and State Board for Community Colleges and Occupational Education.

I understand this waiver shall be valid for any/all Field Trip(s) related to this course for the

_____ semester.

I, _____ (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

S#_____

Signature of Student

Signature of Parent or Guardian (if under 18)

Emergency Contact Name

Medical Insurance Carrier (Optional)

Date

Date

Emergency Phone

Policy Number(s) (**Optional**)

EP 60 Field Trip Waiver Form



PERSONAL VEHICLE DRIVERS

Vehicle/Insurance Information

**Note: This page is not required for day trips IF students are meeting instructor at the field trip site

Name:	
Course:	
Address:	
Driver License Number:	
License Plate Number of Vehicle to be Driven:	
Car Make/Model:	
Automobile Insurance Carrier/Contact #:	

I hereby certify that I possess a valid driver's license and I hereby certify that the vehicle to be driven has valid insurance coverage of at least the following minimum amounts, as required by Colorado statute, during the trip:

Bodily injury: \$25,000 each person, \$50,000 each accident. Property Damage: \$15,000.

I understand that I am assuming full responsibility for the safety of all passengers in my vehicle and full responsibility for myself for any liability which may occur as a result of any mishap on this trip.

I understand that if I am under the age of 18, my parent/guardian signature is required.

I understand this waiver shall be valid for the	e semester.

My signature below shows acceptance of all conditions, waivers and releases.

Signature of Student

Date

Date

Signature of Parent or Guardian (if under the age of 18)

EP 60 Field Trip Waiver Form