



## Student/Participant Waiver Form

Division: \_\_\_\_\_ Course Title and CRN: \_\_\_\_\_

Purpose of Trip(s): \_\_\_\_\_

Sponsoring PPSC 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 State College (PPSC) and will conduct myself in an appropriate manner that promotes the PPSC 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 State 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 PPSC disciplinary action as well as possible Municipal, State or Federal charges. I further understand that I may be banned from future PPSC 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 State 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 EP 60 Field Trip Waiver Form 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 State 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 PPSC equipment and/or my accommodations and agree that I am responsible for compensating PPSC or other businesses the full amount of any necessary repair or damage charges.



## Student/Participant Waiver Form

For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, indemnify and hold harmless the college, Pikes Peak State College (PPSC), 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 State 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# \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Medical Insurance Carrier (Optional)

\_\_\_\_\_  
Policy Number(s) (Optional)



# Personal Vehicle Drivers Vehicle/Insurance Information

**● NOTE: This form is not required IF students are meeting instructor at the field trip site for that day(s) class session.**

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ License Plate Number of Vehicle Driven: \_\_\_\_\_

Car Make/Model/Color: \_\_\_\_\_

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 \_\_\_\_\_ semester.**

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

S# \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date