

Club Advisor Waiver of Rights, Assumption of Risks, and Release of Liability Agreement

Club: _____

Purpose of Trip: _____

Sponsoring PPSC Employee: _____

Time and Date of Departure: _____

Time and Date of Return: _____

Destination: _____

Means of Transportation: _____

By signing this form, I acknowledge that I am traveling with the club that I am affiliated with here 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 if I become ill (i.e., a non-injury related event) any medical treatment and transport is at my own expense. I also acknowledge that by refusing medical treatment or transport, I am responsible for any consequences of that action and cannot hold Pikes Peak State College liable for my decision. Advisors agree to report to the Director of Student Life, any incidents that may occur. Advisors also acknowledge that they can suggest medical treatment or transport but the student must make the ultimate decision. Students are not covered by the college's insurance. I 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. I also recognize that this is a college sponsored program/activity and I agree to abide by all college policies, as well as State and Federal laws on the course/program/activity. This includes omitting the use of alcohol and illicit drugs, and not bringing or using any weapons. <http://www.pikespeak.edu/app/catalog/current/student-code-of-conduct.htm> and <http://hlc.pikespeak.edu/documents/PPSC-student-code-conduct/> 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 State or Federal charges. I further understand that I may be banned from being a club advisor in the future at PPSC.

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 that if I do not attend and participate in this event for any reason, I may be required to reimburse the college and/or the club for part or all of the cost of my travel.

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

S#: _____

Signature: _____

Signature Date _____

Emergency Contact: _____

Emergency Phone: _____

Insurance Carrier: _____

Policy Number(s): _____

Verification of Driver's License and Car Insurance

Copy of Driver's License and Vehicle Insurance verified by Human Resources:

Human Resource Signature: _____

TITLE 9 TRAINING

Print Name: _____

Signature: _____

Date: _____

Completed Title 9 Training

Human Resources: _____

Date: _____