



Office of  
Student Activities

## Student Travel Authorization, Assumption of Risk, Code of Conduct, Release of Liability, and Limited Medical Authorization

Before students can travel on any college sponsored activity, including those sponsored by student organizations, students must complete this form which is available from the Office of Student Activities or online at <http://www.athenstech.edu/studentAffairs/studentActivities/forms.cfm> this document includes a section regarding the college's code of conduct, designation of emergency contacts, as well as a waiver of liability.

A copy of this form should be kept with the college official who is leading the trip. A second copy of this form must be on file with the Office of Student Activities prior to any student travel.

Student Organization (if applicable): \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Destination: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Code of Conduct**

I hereby agree that in consideration of my being permitted to participate in this Athens Technical College field trip, I will be subject to the supervision and authority of the faculty and/or director in charge. I also understand and agree that the faculty and/or director in charge has the sole authority to make decisions regarding my continued participation in the field trip program if they determine that my conduct warrants disciplinary action or if they determine that my continued participation, for whatever reason, poses an immediate risk of harm to me or to others. I further understand that I am responsible for the student code of conduct as outlined in the Athens Technical College Student Handbook, part of the college's catalog. All policies and expectations that are outlined in the code of conduct are applicable for this trip and appropriate sanctions will be applied to any student who violates those policies.

**Assumption of Risk, Waiver of Liability, and Medical Authorization**

I recognize that participation in field trip program entails certain risks to my property and person that, in rare circumstances, can be serious or even lethal. I freely assume those risks associated with these activities. I further understand and agree that Athens Technical College shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me. I also agree to give up any rights I may otherwise have to sue or otherwise bring claims against Athens Technical College and its officers, faculty, employees or agents, for personal injuries or death or other harm, except for those injuries, death or other harm caused by a deliberate wrongful act of the aforementioned Technical College and/or its officers, faculty, employees or agents. I understand that it is possible for me to purchase insurance, at my own expense, that will indemnify me against the risk of the financial losses outlined in this paragraph.

**Medical Emergency**

In the event of an emergency and I am unable to act on my own behalf, I authorize the faculty and directors of the field trip program to take whatever action they deem is warranted and appropriate regarding my health and safety.

**I certify that I am least 18 years of age. This consent is given freely and voluntarily by me without coercions, duress, threat or promise of any kind. I certify that I understand and have read the above carefully before signing. I understand that I am not subject to any adverse action if I do not sign.**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

**DECLARATION AND RELEASE OF PARENT OR GUARDIAN FOR PARTICIPANTS WHO ARE UNDER 18 YEARS OF AGE**

I certify that I am the parent or legal guardian of \_\_\_\_\_ (name of student) who has applied for participation in the field trip program. I have read the forgoing Assumption of Risk, Waiver of Liability and Medical Authorization and I understand it. Further, in consideration of \_\_\_\_\_ (name of student) being permitted to attend and participate in field trip activities, I accept and agree to be bound by, on my own behalf and on behalf of \_\_\_\_\_ (name of student) the terms and conditions set forth in the forgoing Assumption of Risk, Waiver of Liability and Medical Authorization.

\_\_\_\_\_  
**Print Name of Parent**

\_\_\_\_\_  
**Signature of Parent**