

Minnesota West Community & Technical College

STUDENT IN STATE TRAVEL WAIVER: WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

Date of Trip: _____ Traveling to: _____ Reason for trip: _____

I am a student at Minnesota West Community & Technical College and have agreed to participate in the current student activity trip. My participation is wholly voluntary. In consideration of the College's agreement to permit me to participate in the project, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the College and its employees, agents, officers, trustees, and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney's fees, which arise out of, result from, occur during or are connected in any manner with my participation in the Program, any related or independent travel, any activities or field trips, regardless of whether they are sponsored, supervised or controlled by the College, except for any injury or damage as may be caused by the gross negligence and/or wanton misconduct of the agents or employees of the College.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the College and its employees, agents, officers, trustees, and representatives (in their official and individual capacities) from any and all liability, loss, damage, or expense, including attorney's fees, which arise out of, occur during, or are in any way connected with my participation in the Program, any related independent travel, any activities or field trips regardless of whether they are sponsored, supervised or controlled by the College.

3) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A., and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I have had the opportunity to consult with legal counsel, have read this entire document and understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I am signing it knowingly and voluntarily.

Dated: _____

Signature of Student

Signature of Parent/Guardian
(Required if student is under 18 years of age or a PSEO student)

Star ID of Student

Printed Name of Student

Printed Name of Parent/Guardian

Submit form to campus resource specialist for scanning to student file.

Minnesota West Community & Technical College

STUDENT IN STATE TRAVEL WAIVER: RELEASE OF LIABILITY

Date of Trip: _____ Traveling to: _____ Reason for trip: _____

I wish to participate in the current student activity trip. I knowingly and voluntarily assume the risk of any injuries, regardless of severity, and including death, and all risk of damage to or loss of property which I may incur due to negligence or accidentally while I am participating in this field trip.

In consideration for the opportunity to participate in this field trip, I, on behalf of myself, my agents, heirs, and next of kin, hereby release the Minnesota West Community & Technical College and their respective employees, agents, members, and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property that I may incur due to negligence of the groups named above or my own negligence or due to accidental occurrences while I am traveling to or from, engaged in, or otherwise participating in the field trips.

I certify that to my knowledge there is no medical reason why I cannot safely participate in this field trip.

Signature of Student

Date

Star ID of Student

Printed Name of Student

NOTICE

Participants under 18 years of age must have this release co-signed by their parent or guardian.

Signature of Parent/ Guardian

Date

Printed Name of Parent/Guardian

Submit form to campus resource specialist for scanning to student file.