

# Minnesota West Community & Technical College

## 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### 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

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