



STUDENT: _____

Name (last name first - please print or type)

Address

City, State, Zip Code

Description of Activity or Trip: _____

Mode of Transportation: _____

Location(s) of activity or trip: _____

Date(s) of activity or trip:

FROM _____ 20 ____ TO _____ 20 ____

I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release Platt College, its board of directors, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my

person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of Platt College, its board of directors, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Platt College and its board of directors, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I have carefully read this agreement and understand it to be a release of all claims and causes of action for my injury or death or damage to my property that occurs while participating in the described activity or trip and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

_____ Date signed: _____ 20 ____
Signature of Student

_____ Date signed: _____ 20 ____
Signature of Witness

Local Person(s) to Contact in Case of an Emergency: Name: _____ Relationship: _____ Address: _____ Phone: _____
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