

LIABILITY RELEASE AGREEMENT

(must be filled electronically)

Name:		Phone:	
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MyWCC ID:	000
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Email:	
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Travel Details

Group Name:		Date(s) of Travel:	
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Destination:	
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Emergency Contact

Name:		Relationship:		Phone:	
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Medical Information

(I understand that this information will be kept confidential and will only be released in the event of a medical emergency.)

List of medications you are currently taking:

List any allergies:

List any conditions that may affect your ability to participate in this event:
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Liability Release & Behavioral Consent

I, the undersigned, am fully aware of the potential dangers inherent in participating in this activity, including College-provided transportation to and from the activity and/or use of a personal vehicle. I am entering this activity voluntarily and freely. I will assume the risk of personal injury and damage to my personal property in undertaking this activity. I further certify that I have no physical weakness or defect that might endanger my health by participating in the above named activity. I DO HEREBY release both Westchester Community College and the Faculty/Student Association of Westchester Community College, their servants, agents, and employees, and the Board of Trustees, as sponsor of Westchester Community College, and the Board of Directors of the Faculty/Student Association of Westchester Community College from any and all liability to me, my heirs, executors, and administrators and assigns from any possible claim for damages, injuries or death which may result from my participating in the above named activity.

I, the undersigned, will honor the integrity and reputation of Westchester Community College at all times while participating in the above activity. I will not consume alcohol, and I will not consume any illegal substances at any time. I will not engage in any conduct that violates the Westchester Community College Student Code of Conduct and understand the Student Code of Conduct has jurisdiction both on and off-campus. I understand that if I engage in behavior that violates the Student Code of Conduct I may be required to return home immediately at my expense. I agree to participate in all activities and programs that are pertinent to the purpose of the event. I am at least 17 years of age.

Print Name:	
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Signature:		Date:	
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Guardian Name: (If under 18)	
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Signature:		Date:	
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