



444 Western Boulevard
 Jacksonville, North Carolina 28546-6816
 Phone (910) 455-1221

TRIP RELEASE FORM

I, _____, _____ hereby release
PLEASE PRINT NAME STUDENT ID#
 Coastal Carolina Community College and its faculty and/or staff and/or agents from any responsibility for loss of personal property or any liability for personal injury due to my negligence while I am on a trip to: _____,
NAME OF SITE(S) TO BE VISITED
 _____ during the hours of approximately _____
LOCATION OF SITE(S)
 to _____ on _____
DATE(S)

STUDENT ORGANIZATION/CLUB

PURPOSE

I understand that I may be subjected to potentially hazardous surroundings while on this trip and I waive any legal rights or causes of action that I may have against Coastal Carolina Community College and its faculty/staff/agents should an accident occur, due to my negligence. I will follow Coastal Carolina Community College policies outlined in the current college catalog.

I CERTIFY THAT I AM OVER EIGHTEEN (18) YEARS OF AGE

I agree to abide by all college rules while attending this conference/activity. I agree to reimburse the College for any registration fee lost due to my failure to attend the function. **(Failure to do so will result in a flag on your student account, which may limit registration or other necessary actions.)**

SIGNATURE DATE

Emergency Contact _____
PLEASE PRINT NAME

RELATIONSHIP PHONE

I CERTIFY THAT I AM UNDER EIGHTEEN (18) YEARS OF AGE AND MY PARENT/GUARDIAN HAS AGREED TO THE ABOVE TERMS ON MY BEHALF.

SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

TURN IN ONE COPY TO ADVISOR / STUDENT ACTIVITIES ADVISOR BEFORE TRIP BEGINS!