

TEXAS A&M UNIVERSITY-CORPUS CHRISTI

Field Trip Waiver of Liability

Course Name: _____ Course Number: _____

Instructor: _____

I, _____, of the City of _____

County of _____, State of _____, for and in consideration of my participation in the above scheduled field trip(s) sponsored by TAMU-CC during _____ (semester & year) and which I freely and voluntarily accept to participate, do hereby expressly agree and understand not to hold TAMU-CC, their board of Directors, officers, administrators, employees, representatives and/or agents and heirs, successors, and assigns, liable in any way whatsoever for any injury, or damage, or loss of property sustained by me or persons other than myself arising out of, or in connection with, or due to negligence, fault, or otherwise during any part of my participation in the aforementioned trip(s) or program(s).

For the same consideration and without conflict with the foregoing, voluntarily, voluntarily and knowingly, I hereby release and discharge TAMU-CC, their Board of Directors, officers, administrators, employees, representatives and/or agents and heirs, successors, and assigns, both in their official and individual capacities jointly and severally, from any actions, causes of action, claims, demands, damages, costs and expenses on account of or in any way growing out of any and all loss of personal property, or injury, as the result of any accident, delay or irregularity which may be caused either in whole or in part by any defect in any vehicle, airplane, vessel, or negligent operation thereof and through any act, error, or omission, or default of any company or person, or by reason of the conditions or use of any real or personal property while I am en route to, or from, or participating in the trip(s) or program(s) or occasioned by it.

I further promise to bind myself, and all my heirs, administrators, and executors to indemnify and forever hold harmless TAMU-CC, their Board of Directors, their officers, administrators, employees, and/or agents against loss, damage, or expense from any and all claims, demands, actions; or causes of action that may be at any occurrence while en route to, or from, or participating in the trip(s), or program(s), or any activity relating or occasioned by it.

I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Dated this _____ day of _____, 20_____.

Student's Signature

Parents Signature (if required)

PARENT OR LEGAL GUARDIAN AND STUDENT MUST SIGN FOR A PERSON UNDER 18 YEARS OF AGE

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY

NAME AND RELATIONSHIP

STREET ADDRESS

CITY, ST ATE, ZIP CODE

DAY & EVENING PHONE NUMBER + AREA CODE

TAMU-CC FIELD TRIP EMERGENCY INFORMATION

NAME _____ DT IMMUNIZATION DATE _____

NEXT OF KIN _____ RELATIONSHIP _____

NEXT OF KIN ADDRESS _____

NEXT OF KIN PHONE NUMBER: _____

LIST ALLERGIES _____

CHRONIC CONDITONS _____

CURRENT MEDICATIONS _____

PERSONAL PHYSICIAN _____

PHYSICIAN'S PHONE NUMBER: _____

ARE YOU CURRENTLY CERTIFIED IN CPR? _____ YES _____ NO