

**PENSACOLA JUNIOR COLLEGE
STUDENT LEADERSHIP & ACTIVITIES
TRAVEL STATEMENT OF CONSENT AND WAIVER
PARTICIPANT RELEASE**

THE UNDERSIGNED has been advised of certain travel opportunities of requirements associated with his/her enrollment as a student at Pensacola Junior College. The undersigned desires to participate in such travel opportunities and has agreed to assume any and all risks involved in such travel. The undersigned shall obtain and keep in effect any insurance that he/she deems necessary to cover costs and/or damages arising from illness or injury while participating in such travel opportunities.

The undersigned hereby waives any and all claims that he/she may hereafter have against Pensacola Junior College, its trustees, officers, employees and agents, for losses or damages that undersigned may sustain while participating in travel activities related to his/her enrollment as a student at Pensacola Junior College.

If the undersigned should be injured or become ill while participating in travel activities as a student at Pensacola Junior College, and through physical or mental incapacity, be unable to give his or her informed consent to a medical operation or other medical procedure, if such medical operation or medical procedure be necessary in the opinion of the treating or consulting physician, then , in the event, the undersigned hereby empowers Pensacola Junior College, or its designated representative, to give such informed consent for and on behalf of the undersigned and to authorize such medical operation and/or medical procedures as the treating or consulting physician deems to be necessary under the circumstances.

The undersigned does further release Pensacola Junior College, its trustees, officers, employees and agents from any and all liability or claims for losses or damages arising from the exercise of the authority granted herein. The undersigned expressly understands and agrees that Pensacola Junior College, its trustees, officers, employees and agents assume no liability for any medical treatment rendered to the undersigned.

Print Name _____

Witness

Signature _____

Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
Under the Age of 18 at the time of Participation

This is to certify that I, as parent/guardian with legal responsibilities for this participation, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in activity/programs above.

Parent/Guardian Signature & Date

Minor Name & Date