



# STUDENT TRAVEL RELEASE AGREEMENT

I, the undersigned, request participation in the following Casper College and/or University of Wyoming/Casper College class and/or sponsored activity:

\_\_\_\_\_ (activity name)  
to be held on \_\_\_\_\_ (month, dates, year)  
in \_\_\_\_\_ (city/state) sponsored by the  
\_\_\_\_\_ (dept., club, organization) and represented by  
\_\_\_\_\_ (activity contact name/dept.) all of which is hereinafter referred to as the "activity."

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the Activity Contact, before I sign this document and before the activity begins.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my participation in the activity.

I stipulate and agree while participating in the activity to be bound by the Casper College Student Code of Conduct and all orders, rules, regulations, and directions of Casper College and/or University of Wyoming/Casper College personnel and the person or persons charged with supervising my participation in the activity.

I certify that I am in good health and have no medical condition preventing my safe participation in this activity. I agree to use my personal medical insurance and consent to emergency medical treatment in the event such care is required.

In consideration for Casper College allowing me to participate in the activity, I hereby waive all claims or causes of action against Casper College and/or the University of Wyoming/Casper College and their auxiliary organizations, trustees, officers, employees, volunteers, and agents of each of them (hereinafter referred to as the "Activity Contact and Facility Owner") arising out of my participation in the activity and hereby release the Activity Contact and Facility Owner from all liability in connection therewith.

I have read this waiver and release agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Activity Contact and Facility Owner is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

**Emergency Contact Information**

<b>Adult Participant's signature</b>	<b>Date</b>	
_____		
<b>Participant's Name (print)</b>	<b>Cell phone</b>	
_____		
<b>Parent's signature *(required for participants under 18)</b>	<b>Date</b>	
_____		
<b>Participant's Address</b>	<b>City/State</b>	<b>Zip</b>
_____		

Name:

Address:

Relationship:

Home phone:

Cell Phone: