PARTICIPANT TRAVEL CONSENT FORM

I, __________________________, certify the following:

(Participant name)

I agree to follow all the rules (to include all laws and related regulations, WAC 132L-120, OFM and State of Washington travel regulations and Centralia College travel procedures) when I go on a Centralia College sponsored trip.

I understand that there are certain risks associated with my participation in trips and activities. Risks may include the forces of nature and hazards of traveling on a variety of terrains, on water, or in the air, and visiting remote, cultural, or commercial sites without medical facilities. I understand that there are significant levels of personal responsibility that I must assume for myself.

I understand that the college wishes me to provide medical information about myself to be used in case of an emergency. I have the opportunity on the Trip Participant Information Form to provide that information, if I wish.

I understand that Centralia College personnel or its agents may seek medical attention that is deemed necessary, to which I consent; and in such case, I grant permission to any licensed physician and/or medically trained individuals to render emergency medical care and I consent to such treatment. I understand that information about medical insurance is available from Centralia College. In case of an emergency, I request that the college contact the person identified on the attached information sheet.

I understand that neither the college nor any of its agents or instructors serves as guardians or insurers of my safety, and that the college does not provide special insurance for my protection.

I will stay at any college provided lodging and will use transportation specified by the college.

I will attend all meetings, activities, and events required by the trip supervisor.

I understand that if I drive or provide my own motor vehicle for transportation to, during, or from the activity site, I am responsible for myself and the security of my own vehicle. Centralia College is not responsible for any damage or injury suffered in the course of traveling in private vehicles.
I will not use alcohol unless permitted by the trip supervisor. I will not illegally use drugs for non-medical use on any college-sponsored field activity. If I take prescription medication, I will have the prescription bottles or the prescription(s) with me.

I understand the trip supervisor may send me home at my expense, should there be sufficient evidence that I violated any law or college rule, or that I present a material or substantial safety risk to myself or others. I also understand I might have to reimburse the College for any expenses caused by my actions, should this occur.

I realize that I may be required to acknowledge and complete additional liability waivers or contracts that may be presented to me by other organizations in addition to this statement of consent.

If I am a participant with a disability and I wish to request accommodations for use during the trip, I understand I must contact the Center for Disability Services. Because it may take a period of time to process such requests, requests should be made as early as possible, usually at least six to eight weeks in advance.

I certify that I am of lawful age and am competent to sign this statement of consent.

(If the participant is under 18 years of age, his or her parent(s) or legal guardian(s) must sign in addition to the participant.)

I hereby voluntarily sign this document and knowingly assume the above-described risks associated with field trip/activity participation.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THESE RULES. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

________________________________Date________________________________Signature of Participant

If the participant is under 18 years of age, his/her parent, or guardian(s) must sign in addition to the participant.

________________________________Date________________________________Signature of Parent of Guardian

Attachments:

*Trip Procedures*

Specific Course Information Sheet (if applicable)