

SOUTHEAST ARKANSAS COLLEGE

1900 S. Hazel Street, Pine Bluff, AR 71603

TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Caution: This is a release of legal rights. Read and understand it before signing.

Southeast Arkansas College is a public higher education institution. References to College ("College") include all departments and divisions within the Southeast Arkansas College (SEARK College), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____ freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF TRAVEL: (Specific dangers endemic in this Program's area of travel.)

INSTITUTIONAL ARRANGEMENTS: I understand that the College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program, as deemed necessary by College.

INDEPENDENT ACTIVITY: I understand that the College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the SEARK College and me. I release SEARK College, its officers, officials, employees, volunteers, students, agents and assigns from all liability for and bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the SEARK College. I agree to pay all expenses relating thereto and release College from any liability for any actions.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteer, sponsors, and students from and against any claim which I, the participant, my parents or legal guardians or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my initials below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arkansas which shall be the forum for any lawsuits filed under or incident to this Release Form or the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect. _____ **Initials**

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STUDENT TRAVEL PARTICIPATION AGREEMENT

This agreement was developed to clarify the roles and responsibilities of all students traveling to attend Southeast Arkansas College sponsored activities. Collect and carry with you the students' Travel Participation Agreements, Assumption of Risk Form, and personal insurance Information.

As a college-funded activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct, as well as by the Southeast Arkansas College Board of Trustees. Participants are also required to follow the policies and procedures set forth by the college, and/or the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging, and registration) are provided by the college. Participants are responsible for their own snacks, souvenirs, and personal expenses.

LEADERSHIP BEHAVIOR EXPECTED OF STUDENTS WHEN TRAVELING

Treat everyone with respect and dignity

- Represent yourself and Southeast Arkansas College in a professional manner.
- Arrive promptly and be prepared to participate in all workshops and activities.

Dress appropriately for all occasions.

BEHAVIORS THAT WILL NOT BE TOLERATED

- Drinking alcohol or using non-prescription drugs
- Exhibiting inappropriate or disrespectful
- Behaviors (i.e., fighting, complaining, failure to follow directions, etc.)
- Engaging in any dangerous activities.

I have read this agreement and will act in an appropriate manner for the duration of this event.

If I have a concern or problem, I will locate my campus advisor for immediate assistance.

MEDICAL INFORMATION

Please list any medical conditions including allergies that your advisor or a medical provider should be aware of:

Please list any dietary restrictions or food allergies: _____

Are you currently insured, if so with whom? _____

(We recommend that you carry an insurance card with you when you travel.)

Please provide the name and phone number of someone we may contact in case of emergency:

Name

Day Phone

Evening Phone