MANCHESTER COMMUNITY COLLEGE

1066 Front Street, Manchester, NH 03102 P: (603) 206-8175 F: (603) 668-5354 www.mccnh.edu

Student Travel Form

CCSNH Assumption of Risk and Liability Release

After reviewing this form, please fill out all information and place y	your signature where required, authorizing your
participation in the	through Manchester Community College
and the Community College System of New Hampshire.	
Student Information (Please Print)	
First Name	Last Name
Home Mailing Address	
City/Town	Zip Code
Home Phone	Cell Phone
Emergency Contact Information (Please Print)	
First Name	Last Name
Home Phone	Cell Phone
I fully understand and appreciate the dangers, hazards, and risks	inherent in the Activity, in the transportation to and from
the Activity which also could include serious or even mortal injurie	es and property damage.
,, knowing the dangers, hazards, and risks of such activities, and in	
consideration of being permitted to participate in the Activity, on be representative(s), agree to assume all the risks and responsibilities the transportation related to the Activity.	
Lundorstand that students may leave compute during this Activity	and that I may traval in a Callage award or a personal
I understand that students may leave campus during this Activity	
vehicle. I understand that if Manchester Community College is no transportation consists of a personal vehicle (of another student,	
Manchester Community College and the Community College Sys	
transportation and I travel at my own risk.	No. 11 11 11 11 11 11 11 11 11 11 11 11 11

I hereby release any and all rights for claims and damages I may have on behalf of myself, my family, heirs and personal representative(s) against Manchester Community College, the Community College System of New Hampshire its trustees, officers, employees and agents, including faculty, staff members and supervisors ("Releases"), in any manner due to any personal injury or property loss sustained by me as a result of my traveling to and from the field trip destination(s) and/or my participation in the Activity, including any activities I may engage in during my free time while participating on the field trip.

I <u>will not</u> hold Manchester Community College or the Community College System of New Hampshire responsible for liability for injury or damages arising from the result of my participation in this Activity unless it is due to willful or intentional misconduct or negligence on the part of Manchester Community College and/or the Community College System of New Hampshire.

I understand and agree that the Releases do not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releases are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releases shall be subject to the terms of this Agreement. I understand and agree that Releases assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I am fully qualified to meet the academic and technical requirements necessary to participate in this program. I am at least 18 years old and I enter this agreement voluntarily.

I further understand that any violation of campus rules may result in termination of my attendance in the program and/or judicial charges.

Student Signature	Date
Signature of Parent/Guardian if student is not at least 18 years old:	
Signature	Date
Parent's Name	
Parent's Telephone Number	-
Parent's Address	

NOTE: If you currently have a condition (i.e. medical, disability or other issues) that will require accommodation in order to participate in this program, please contact the faculty member who is leading the trip and also meet with Disability Support Services in order to ensure that accommodations can be made in order for you to be able to participate fully. Manchester Community College will make every effort to make the trip fully accessible. However, some elements may be out of the control of Manchester Community College and therefore, alternative options must be discussed with the faculty member and DSS prior to participation.