

## Release and Waiver for Student Group Trips

This Release and Waiver of Liability (the "Release") is executed in favor of the Community College of Rhode Island, its affiliated groups, organizations, directors, officers, employees, students, and agents, and their successors and assigns (hereinafter referred to jointly as "CCRI"). I desire to participate in the \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Group Name

Trip Destination

Dates

I acknowledge that I am not obligated to participate in this Student Trip and that it is purely voluntary. I hereby freely and voluntarily, without duress, execute this Release under the following terms.

- A. I release and forever discharge and hold harmless CCRI from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participating in this Student Trip and activities, during or related in this student trip, whether such liability, claims, or demands result from travel, lodging, participating in a rally, disease, consumption of food, civil unrest or any other cause.
- B. I understand and acknowledge that this Release discharges CCRI from any liability or claim against it, including any negligence by CCRI, with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my participation in this Student Trip. I understand that CCRI assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.
- C. I hereby release and forever discharge CCRI from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me or to my dependent/companions in connection with an emergency or health problem during my participation in the Student Trip. I understand that my participation in this Student Trip may include activities and circumstances that may be hazardous to me, including, but not limited to travel, local transportation in the city to which I travel, poor health conditions, inadequate medical treatment facilities and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism or criminal activities.
- D. I hereby express and specifically assume the risk of injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation with this Student Trip, whether suffered by me personally or by any of my accompanying dependents or companions.
- E. I understand that, in the event that transportation has been arranged by CCRI, should I not be present at the appointed time of departure, CCRI is not responsible for my transportation back to campus (or anywhere else) or the cost of said transportation. I also understand that if I arrange my own means of transportation, CCRI is not responsible for any occurrences or incidents during travel in connection with this trip, and I release CCRI from any liability or claim in the same terms as in part B, C and D of this form.
- F. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
- G. I understand that any dispute concerning this Release or any aspect of my participation in this Student Trip shall be brought only in the state or federal courts in the state of Rhode Island. I specifically waive any jury trial for any lawsuit brought as a result of this Release or this Student Trip.

TO EXPRESS THAT I HAVE FULLY REVIEWED, UNDERSTAND AND ACCEPT THIS RELEASE, I SIGN MY SIGNATURE BELOW:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if not 18 yrs. old)

\_\_\_\_\_  
CCRI ID#

Check Appropriate Box:

Student

Employee

Guest

Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_