



COMMUNITY COLLEGE  
OF RHODE ISLAND  
Office of Student Life

### Student Activity Waiver

This release and waiver of liability (the “Release”) is executed in favor of the Community College of Rhode Island, its affiliated organizations, directors, officers, employees, students, and agents, and their successors and assigns (hereinafter referred to jointly as “CCRI”). I desire to participate in:

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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 of nature, Either in law or in equity, which arise or may hereafter arise from my participating in this student activity during or related to this student activity, whether such liability, claims or demands result from travel, lodging, participating in 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, illness, death, monetary loss or property damage that may result in my participation in this student activity. 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 a count 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 Activity. I understand that my participation in this activity may include activities and circumstances that may be hazardous to me, including, but not limited to travel, local transportation, 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 expressly and specifically assume the risk of injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation in this Student Activity whether suffered by me personally, or by any of my accompanying dependents or companions.
- E. 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.
- F. I understand that any dispute concerning this release or any aspect of my participation in this Student Activity 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 Activity.

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Signature of Participant

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Date