



Assumption of Risk, Agreement to Abide by Code of Conduct, Release of Liability, and Limited Medical Authorization

Code of Conduct

I hereby agree that in consideration of my being permitted to participate in this Lanier Technical College field trip as a student, I will be subject to the supervision and authority of the faculty and/or administrator in charge. I also understand and agree that the faculty and/or administrator in charge has the sole authority to make decisions regarding my continued participation in the field trip if they determine that my conduct warrants disciplinary action or if they determine that my continued participation, for whatever reason, poses an immediate risk of harm to me or to others.

Assumption of Risk, Waiver of Liability, and Medical Authorization

I recognize that participation in the field trip entails certain risks to my property and person that, in rare circumstances, can be serious or even lethal. In particular, I understand that the _____ field trip to _____ will involve the following activities: _____.

I freely assume those risks associated with these activities. I further understand and agree that Lanier Technical College shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me. I also agree to give up any rights I may otherwise have to sue or otherwise bring claims against Lanier Technical College and its officers, faculty, employees or agents, for personal injuries or death or other harm, except for those injuries, death or other harm caused by a deliberate wrongful act of the aforementioned Technical College and/or its officers, faculty, employees or agents. I understand that it is possible for me to purchase insurance, at my own expense, that will indemnify me against the risk of the financial losses outlined in this paragraph.

Medical Emergency

In the event of an emergency where I am unable to act on my own behalf, I authorize the faculty and administrators of the field trip to take whatever action they deem is warranted and appropriate regarding my health and safety.

Signature of Student

Date



**DECLARATION AND RELEASE OF PARENT OR GUARDIAN
FOR PARTICIPANTS WHO ARE UNDER 18 YEARS OF AGE**

I certify that I am the parent or legal guardian of _____ who has applied for participation in the field trip. I have read the forgoing Assumption of Risk, Waiver of Liability, and Medical Authorization and I understand it. Further, in consideration of _____ being permitted to participate in the _____ field trip, I accept and agree to be bound by, on my own behalf and on behalf of _____ the terms and conditions set forth in the forgoing Assumption of Risk, Waiver of Liability, and Medical Authorization.

Signature of Parent/Guardian

Date