



Student Travel Training Liability Waiver and Acknowledgment Form
For Collin College-Sponsored Trips
Participants Under the Age of 18 Years

All students and responsible parties* traveling on a Collin College-sponsored trip **must** complete mandatory Student Travel Training provided by the District Dean of Students Office **only one (1) time during the current academic calendar year (i.e., beginning of Fall semester through end of Summer III term).** Upon completion of mandatory Student Travel Training, every student **under the age of 18 years** must complete and submit this form to the District Dean of Students Office. **Students and responsible parties who have not completed mandatory Student Travel Training prior to the departure date will not be permitted to travel.**

A copy of every participant's *Student Travel Training Liability Waiver and Acknowledgment Form* must be on file with the District Dean of Students Office **prior to departure**. Once you **and** your parent or guardian have completed this form, return it to the District Dean of Students Office through email to dos@collin.edu.

*Note: Every athletic coach, co-curricular advisor, extracurricular advisor, faculty member, instructor, staff member, student organization advisor, travel advisor, or travel advisor of record overseeing approved student travel will be identified as the "responsible party."

Participant's Information

First Name: <input style="width: 90%;" type="text"/>	Middle Initial: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
9-Digit CWID Number: <input style="width: 90%;" type="text"/>	Date of Birth: <input style="width: 90%;" type="text"/>	Collin College Email Address: <input style="width: 90%;" type="text"/>
Phone Number: <input style="width: 90%;" type="text"/>	Role: <div style="display: flex; justify-content: space-around;"><input type="radio"/> Dual Credit/Home School Student<input type="radio"/> Student<input type="radio"/> Responsible Party</div>	

Emergency Contact's Information

Emergency Contact's First Name: <input style="width: 95%;" type="text"/>	Emergency Contact's Last Name: <input style="width: 95%;" type="text"/>
Emergency Contact's Relationship to Participant (e.g., Parent, Friend): <input style="width: 95%;" type="text"/>	Emergency Contact's Phone Number: <input style="width: 95%;" type="text"/>

Release of Liability and Student Travel Training Acknowledgment

The undersigned, being under the age of 18 years, hereby acknowledges there are certain risks associated with participating in events and/or activities on and off campus. In consideration of Collin County Community College District (Collin College) allowing me to participate in collegiate events and/or activities, I hereby assume all risks associated with any event and/or activity and with the travel related thereto. I assume full and complete responsibility for any self-injurious behavior, injury, or accident which may occur to me or the vehicle in which I am driving or riding in connection with the event and/or activity. I also agree and authorize Collin College employees and/or agents to take any and all action they deem necessary to stop any physical injurious behavior I may inflict upon myself or others. I release Collin College of any and all liability related to their intervention in stopping such injurious behavior. I also agree that although I am giving Collin College the right to intervene in these situations, they are in no way under a duty to intervene. I understand that the [Family Educational Rights and Privacy Act of 1974 \(FERPA\)](#) allows for the disclosure of information from a student's educational records without the student's consent to appropriate parties in a health or safety emergency. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature, that I may have against Collin College, its Board of Trustees, employees, agents, and representatives, resulting in whole or in part, from participation in the event and/or activity. This release and waiver shall be binding on my heirs, administrators, and assigns.

I also agree that during the time I am involved with the above event and/or activity, I am bound by all rules, regulations, policies, procedures, and guidelines governing me and my conduct as set forth by the Collin College department or registered student organization, in the [Student Code of Conduct](#) (found in the current Collin College student handbook), and in the current Collin College [Student Organization Procedures Manual \(SOPM\)](#).

By submitting this form, I acknowledge I have completed mandatory Student Travel Training as required of all students and responsible parties participating in Collin College-sponsored trips. I understand and agree to comply with all applicable Collin College policies, student travel procedures, and the [Student Code of Conduct](#).

Participant's Signature:

Date:

Parent or Guardian Release of Liability

The undersigned, parent or guardian of the student named above who is under the age of 18 years, hereby acknowledges there are certain risks associated with participating in events and/or activities on and off campus. In consideration of Collin County Community College District (Collin College) allowing the student to participate in the above event and/or activity, I hereby assume all risks associated with the event and/or activity and with the travel related hereto. I assume full and complete responsibility for any self-injurious behavior, injury, or accident which may occur to the student or the vehicle in which the student is driving or riding in connection with the event and/or activity. I also agree and authorize Collin College employees and/or agents to take any and all action they deem necessary to stop any physical injurious behavior the student may inflict upon him- or herself or others. I release Collin College of any and all liability related to their intervention in stopping such injurious behavior. I also agree that although I am giving Collin College the right to intervene in these situations, they are in no way under a duty to intervene. I understand that the [Family Educational Rights and Privacy Act of 1974 \(FERPA\)](#) allows for the disclosure of information from a student's educational records without the student's consent to appropriate parties in a health or safety emergency. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature, that I or the student may have against Collin College, its Board of Trustees, employees, agents, and representatives, resulting in whole or in part, from participation in the event and/or activity. This release and waiver shall be binding on my heirs, administrators, and assigns.

I also agree that during the time the student is involved with the above event and/or activity, the student is bound by all rules, regulations, policies, procedures, and guidelines governing the student and his or her conduct as set forth by the Collin College department or registered student organization, in the [Student Code of Conduct](#) (found in the current Collin College student handbook), and in the current Collin College [Student Organization Procedures Manual \(SOPM\)](#).

Parent or Guardian's First Name:

Parent or Guardian's Last Name:

Parent or Guardian's Signature:

Date: