

MASSACHUSETTS COLLEGE OF ART AND DESIGN
STUDENT TRAVEL WAIVER AND
ACKNOWLEDGMENT OF RISK AND CONSENT FORM

Faculty/Staff: Keep one copy with you for reference and file one copy with Public Safety, Student Development & Registrar Offices before departure
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Section I *(To be completed by the faculty member or field trip leader)*

Class/Organization: _____

Faculty Member/Field Trip Leader: _____

Activity Date(s): _____

Destination: _____

All risks, dangers, and hazards, physical and emotional, which arise from participation in this activity that involves travel. Risks also include illness, personal injury, property theft or damage, death.

Section II *(To be read and completed by the student)*

I acknowledge that I am currently enrolled as a student at Massachusetts College of Art and Design and is seeking to participate in the program/activity ("activity") described above. I further state that I am at least eighteen (18) years of age, fully competent to sign this Agreement, and am voluntarily seeking to participate in this activity. If I am not eighteen (18) years of age then I will have a parent or legal guardian read and execute this Agreement. I understand that by signing this document I am representing that I understand all its terms and conditions and fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

I acknowledge that there may be certain dangers, hazards, and risks associated with my participation in this activity and I have reviewed the list of inherent risks and dangers provided above. I further acknowledge and understand that all risks cannot be prevented. In light of the risks associated with this activity, I may consult with my physician and/or health care provider to discuss whether my participation in the activity is appropriate given my current physical and mental health. I represent that I am physically and mentally able, with or without accommodation, to participate in this activity, and am capable of using the equipment, if any, associated therewith.

On behalf of myself and my family (including legal guardians) I agree to assume all the risks and responsibilities associated with my participation in this activity, and agree to release from liability and waive any legal action against Massachusetts College of Art and Design, its governing board, officers, agents, and employees (the parties), for any personal injury or property damage suffered by me while participating in this activity or while in transit to or from the activity.

I understand that this is an official Massachusetts College of Art and Design event and that only MassArt employees and students are authorized to participate in this activity. Therefore, I accept full responsibility and liability for any injuries or damage suffered or caused by any guest(s) accompanying me to this event and agree to indemnify the College for any losses or damages suffered or caused by my guest(s).

I understand and agree that the College may not provide or have medical services or personnel available at the location of the activity or on its campus. Therefore, should I require emergency medical treatment as a result of an accident or illness arising during the activity, I consent to such treatment. Further, I acknowledge that the College

does not provide health or accident insurance for activity participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment provided.

I agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held illegal or unenforceable, the remaining terms and provisions shall remain in full force and effect. Further, I agree to comply with all rules and regulations contained in the College's Student Handbook at all times during my participation in the activity.

Section III Medical History (Overnight Trips Only) *(To be completed by the student)*

Do you have any known medical condition?

If yes, please explain: _____

Do you have any known allergies (medications, food, insects, etc.) ?

If yes, please explain _____

If yes, do you have an emergency medical kit (i.e. bee sting kit)? _____

Do you have any medications being taken currently?

If yes, please explain _____

Date of last tetanus immunization: _____

Name of insurance company: _____

Address _____ Phone # _____ Policy # _____

Section IV *(To be completed by the student)*

I understand that my participation in this activity is sponsored by the College. Accordingly, I agree to comply with all rules and regulations included in the College's Student Handbook and **all other rules as set forth by College personnel during the activity.** I agree to treat College personnel accompanying me on this trip with respect and understand that they are in charge at all times throughout the trip.

Failure to comply with any provision stated herein or expressed by the faculty/field trip leader(s) may result in my immediate discharge from the activity and return to my home at my own expense. Failure to comply with any provision stated herein or expressed by the faculty/field trip leader(s) may result in disciplinary action against me by the College upon my return from this trip.

Participant's Name (Please Print)

Signature *(Parent's signature if student is under 18 years old)* Date

Participant's Phone Numbers:

(Home) _____

(Work) _____

In case of an emergency, please contact

Name & Relationship Phone number