

**NORTHWEST ARKANSAS COMMUNITY COLLEGE
FIELD TRIP AND STUDENT ACTIVITIES PERMISSION, RELEASE OF
LIABILITY AND MEDICAL RELEASE FORM**

(Print Name)

(Student Club/Organization)

I hereby expressly consent to my participation in club sponsored field trips, trainings and activities. I acknowledge that such participation includes but is not limited to, training for, participation in, attendance at, travel to (public or private), or other involvement in any and all parts of the activity.

I understand that the activity involves inherent other risks of **INJURY**. I voluntarily agree to expressly assume all such risks which may result from the activity or in any way related to my participation in the activity.

In consideration of the right to participate in the activity, I hereby release from any legal liability Northwest Arkansas Community College ("NWACC"), and its trustees, employees, faculty, staff, agents, instructors and all individuals assisting with the activity for injury or death caused by or resulting from my participation in the activity or in any way connected with my participation in the activity, whether such injury or death was caused by the alleged negligence of NWACC, another participant, or any other person or cause. This agreement will apply for each and every day I engage in above listed student club/organization activity during the period **August 1, 2017 to July 31, 2018** without requiring me to sign an additional form for each day or activity.

I further agree to defend and indemnify NWACC for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, relating to the activity or use of NWACC facilities or equipment.

I represent that I am in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or NWACC to administer first aid to me, as they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

This agreement is governed by the laws of the State of Arkansas, and exclusive jurisdiction shall be in the circuit court of Benton County, Arkansas or in the United States District Court, Fayetteville, Arkansas division. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect. The undersigned parent or guardian acknowledges that she/he is signing this agreement on behalf of a minor and that the minor shall be bound by the terms of the agreement. This agreement shall be binding on the participant's assignees, subrogors, heirs, next of kin, executors and personal representatives.

**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.**

Signature of Participant

Date of Birth

Date

Signature of Parent/Legal Guardian (If Participant is under 18)

Date

In the Event of an Emergency, Please Contact

Phone Number

Received By: _____

(Club/Organization Advisor)

Date