

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

(Print Name)

(Class/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 _____ to _____ 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 wellbeing, at my expense.

During the COVID 19 pandemic, NWACC will follow all Center for Disease Control (CDC) and Arkansas Department of Health (ADH) protocols and guidelines. However, I understand that while NWACC has taken reasonable steps to lessen the risk of the transmission of COVID 19, I understand COVID 19 is a highly contagious and dangerous disease and that contact with the virus that causes COVID 19 may result in significant personal injury or death. I understand NWACC is not responsible in any manner for any risks related to COVID 19 in connection with my participation in club sponsored field trips, trainings and activities.

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

Appendix I: Field Trip Itinerary Form
NorthWest Arkansas Community College

Please complete and return to the Office of Student Life (SC 225E).

Reason for travel: _____

Departure Date: _____ Return Date: _____

Destination: _____

Mode of travel (personal vehicle, air, rental vehicle, etc.) _____

Flight information (airline, flight number, departure and arrival airport, departure and arrival time – both ways) _____

Driver information for personal vehicles (name of driver, vehicle type and tag)

Lodging information (name, address, phone number) _____

Traveler information (use next page if more space is needed) PLEASE PRINT LEGIBLY OR TYPE

Name	Student/Employee ID number	Personal Cell number	Emergency Contact Name	Emergency Contact Phone

