

DEPARTMENT OF CONTINUING EDUCATION

OFF-CAMPUS FIELD TRIP PARTICIPATION & LIABILITY WAIVER FORM

CLASS NAME/INSTRUCTOR NAME: _____

OFF-CAMPUS ACTIVITY: _____

LOCATION: _____

ACTIVITY DATE: _____

ACTIVITY REPLACES ON-CAMPUS CLASS SCHEDULED FOR FOLLOWING DATE: _____

In consideration of being permitted to participate in the Off-Campus Activity (Field Trip) above listed, I acknowledge that said Activity is conducted in place of a scheduled on-campus class. In addition, participation in said Activity requires student-provided transportation (including but not limited to riding to the location in a private vehicle not owned or operated by the Delaware College of Art and Design). I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in this Activity to which I may be exposed during my participation and travel to and from, do hereby agree to assume all the risks and responsibilities surrounding my participation and travel to and from the Activity.

I hereby release and forever discharge the Delaware College of Art and Design, officers, trustees, agents, employees, volunteers, instructor and students (the "Releasees") from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, death, damage to property, and the consequences thereof, resulting from my travel to and from, and participation in, or in any way connected with the above-specified Student Activity. I agree to indemnify and hold harmless the Releasees from and against any and all claims, demands, actions, causes of action, damages, liabilities, judgments, settlements, expenses, fees and costs (including attorney's fees) relating to my travel to and from, participation in or in any way connected with the Student Activity except for the Releasees' own grossly negligent, reckless or willful acts.

Student's Printed Name: _____

Student's Signature: _____

Emergency Contact (Name/Relationship): _____

Emergency Contact Phone Number: _____

Return completed form to:

Jane B. Campbell

Director of Continuing Education