

**PENSACOLA STATE COLLEGE  
STUDENT ACTIVITIES TRAVEL  
STATEMENT OF CONSENT AND WAIVER  
PARTICIPANT RELEASE**

**THE UNDERSIGNED** has been advised of certain travel opportunities or requirements associated with his/her enrollment as a student at Pensacola State College. The undersigned desires to participate in such travel opportunities and has agreed to assume any and all risks involved in such travel. The undersigned shall obtain and keep in effect any insurance that he/she deems necessary to cover costs and/or damages arising from illness or injury while participating in such travel opportunities.

The undersigned hereby waives any and all claims that he/she may hereafter have against Pensacola State College, its trustees, officers, employees and agents, for losses or damages that the undersigned may sustain while participating in travel activities related to his/her enrollment as a student at Pensacola State College.

If the undersigned should be injured or become ill while participating in travel activities as a student at Pensacola State College, and through physical or mental incapacity, be unable to give his or her informed consent to a medical operation or other medical procedure, if such medical operation or other medical procedure be necessary in the opinion of the treating or consulting physician, then, in that event, the undersigned hereby empowers Pensacola State College, or its designated representative, to give such informed consent for and on behalf of the undersigned and to authorize such medical operation and/or medical procedures as the treating or consulting physician deems to be necessary under the circumstances.

The undersigned does further release Pensacola State College, its trustees, officers, employees and agents from any and all liability or claims for losses or damages arising from the exercise of the authority granted herein. The undersigned expressly understands and agrees that Pensacola State College, its trustees, officers, employees and agents assume no liability for any medical treatment rendered to the undersigned.

Print Name: \_\_\_\_\_

Witness

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

Under the Age of 18 at the time of Participation

This is to certify that I, as parent/guardian with legal responsibilities for this participation, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in activity/programs above.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Minor Name & Date