



**Student Travel Assumption of Risk, Release, and Hold Harmless Agreement**

**THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY AND OBTAIN LEGAL ASSISTANCE IF YOU DO NOT UNDERSTAND IT.**

Student Name:		B#:
Address:		Date of Birth:
Phone:	E-Mail:	
Type/Name of Event:	Event Location:	
Date and Estimated Time of Departure:	Date and Estimated Time of Return:	
Name of EFSC Representative(s) Traveling/Supervising Event:		

The above-named EFSC student requests permission to attend the Event described above, and hereby acknowledges:

- My attendance at the Event is strictly voluntary, and I am under no obligation by EFSC to attend the Event; and
- There are potential risks and hazards associated with the Event and its related travel and incidental activities, including but not limited to, property damage, loss, illness, disease, or bodily and/or emotional injury, including death; and
- Despite the potential risks and hazards associated with the Event and its related travel and incidental activities, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my attending the Event and that could result in property damage, loss, illness, disease, bodily and/or emotional injury, or death, however caused.

Knowing these risks, and in consideration of EFSC allowing me to attend the Event, I, on behalf of myself and my heirs, personal representatives, successors, and assigns, hereby release and hold harmless the District Board of Trustees of Eastern Florida State College, Florida, its affiliated entities, and its trustees, officers, employees, agents, successors, and assigns ("the College") from any and all liability, claims, and causes of action for any and all property damage, loss, illness, disease, bodily and/or emotional injury, or the consequences thereof, including death, resulting from or in any way connected with my attendance at the Event, or my traveling to and from the Event, or my engaging in any other activities incident to the Event during the time period identified above, whether caused by my actions or negligence or the actions or negligence of the College or any third parties or otherwise.

**SIGNATURE OF STUDENT**

I have read and agree with the above, and further agree to abide by any and all local, State, and Federal laws and ordinances, as well as the EFSC Student Code of Conduct and applicable policies and procedures during the time period identified above.

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

**FERPA WAIVER AND EMERGENCY CONTACT INFORMATION**

I understand that under the Family Educational Rights and Privacy Act ("FERPA"), EFSC is required to keep confidential various types of student records. I also understand that in case of an emergency, certain people may want to know or should know about my whereabouts or condition. For that reason, during the time period identified above, I waive my FERPA rights as they relate to my whereabouts and condition, and authorize EFSC to disclose in case of an emergency such information to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**FOR STUDENTS UNDER THE AGE OF 18**

I am the parent or legal guardian of the above-named student. On behalf of myself and the above-named student, I agree to the terms of this Student Travel Assumption of Risk, Release, and Hold Harmless Agreement.

Parent Name/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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