



LIABILITY RELEASE
for
Participation in
OFF CAMPUS ACTIVITIES AND FIELD TRIPS
North Florida Community College

I, _____, the undersigned, in order to participate in North Florida Community College's off campus activities and field trips, do hereby state and agree as follows:

1. I have voluntarily chosen to participate in the off campus activity and assume all dangers and risks associated with such an activity. I certify that I am in suitable health and capacity which allows my enrollment or participation in this activity.
2. I knowingly and voluntarily agree to release and hold harmless North Florida Community College for any losses, damages, personal injuries, pain and suffering, death or property damage resulting from, or arising out of, during, or in connection with my participation in this activity.

Organization: _____

Travel Dates: _____

Reason for Travel: _____

Place to Visit: _____

Participant Signature: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Witness's Signature: _____

Parent's Signature (If student is under 18): _____

In case of emergency, please call the following numbers:

Emergency Contact Name: _____ Phone: _____ (Home)

Emergency Contact Name: _____ Phone: _____ (Office)

NFCC Student trip release sheet

The following students will be accompanying the NFCC _____ (dept.)
to _____ (place) on _____ (date).

Student Names

Student Signatures

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized College Traveler _____ (NFCC personnel accompanying students on trip)