Acknowledgement of Risk and Waiver of Liability
Student Travel

Activity Name: _____

Date(s) of School Year or Event: _____

Student Name: _____ ID#: _____

Student Cell Number: _____ Student E-mail: _____

Local Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Email: _____ Cell: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. If traveler is under the age of 18, this form must be signed by the student traveler AND by the traveler's parent or legal guardian.

I, the undersigned, understand and acknowledge that participation in Lewis-Clark State College ("LC State") institution-related student travel—including but not limited to travel for academic conferences, competitions, internships, professional site visits, meetings, workshops, activities, or training (collectively, the "Program")—involves inherent risks that could result in property damage, personal injury, illness, or death.

I understand that the Program may include, but is not limited to, the following ("Activities"):

- Travel by motor vehicle, including LC State-owned, leased, or rented vehicles, or personal vehicles operated by students or others;
- Air travel, including commercial or chartered flights to and from Program destinations;
- Overnight lodging, including stays in hotels, motels, conference centers, shared accommodations, or other facilities;
- Participation in events, such as meetings, networking functions, tours, or presentations at off-campus business or educational sites;
- Meals, recreation, or incidental activities that occur in connection with travel or Program participation; and
- Other activities or events authorized as part of the Program itinerary.

I understand that these Activities involve risks, including but not limited to vehicle or air travel accidents, slips and falls, foodborne illness, theft or loss of property, exposure to contagious illness, weather-related hazards, and potential injury arising from travel or participation in Program-related activities. These risks may result in bodily injury, illness, or fatality.

Assumption of Risk and Release

I voluntarily accept full responsibility for all risks associated with my participation in the Program, including any loss, damage, injury, illness, or death, whether caused by negligence or otherwise.

In consideration of being permitted to participate, I hereby release, discharge, indemnify, defend, and hold harmless the State of Idaho, Lewis-Clark State College, their governing boards, officers, employees, agents, and volunteers ("Releasees") from any and all liability, claims, demands, causes of action, or expenses (including attorney's fees) that may arise out of or relate to my participation in the Program, including travel to and from Program destinations and any overnight stays.

This release extends to any injury or loss resulting from the negligence of Releasees, my own negligence, or the negligence of others participating in or associated with the Program.

Transportation Acknowledgement

I understand and agree to the following transportation conditions:

- If I operate a personal vehicle for any portion of the Program, I am solely responsible for ensuring that my vehicle is properly licensed, insured, and maintained, and that I comply with all applicable traffic laws and regulations.
- If I rent or operate a vehicle for Program purposes, I will adhere to LC State travel policies and requirements, including any driver authorization procedures.
- LC State assumes no responsibility for accidents, damages, or losses that occur in personal or rental vehicles not owned by the College.
- If I travel as a passenger in such a vehicle, I do so at my own risk.
- I understand that LC State is not responsible for my personal property or for travel delays, cancellations, or other disruptions.

Medical Information and Consent

I certify that I am in good health and able to participate in the Program. I agree to inform LC State of any medical conditions, allergies, or health-related issues that may affect my participation.

I hereby consent to first aid, emergency medical care, and hospitalization deemed necessary in the event of an injury or illness during travel or Program participation. I understand that I am solely responsible for all medical expenses incurred on my behalf.

If I have a disability requiring accommodation, I will contact the Program Director prior to the start of travel.

Photograph and Media Release

I grant permission for LC State to photograph, record, or otherwise document my participation in the Program and to use such images or recordings for educational or promotional purposes.
If you **DO NOT GIVE PERMISSION TO BE PHOTOGRAPHED**, please check here: ☐

Participant Conduct

I agree to act responsibly, represent LC State in a professional manner, and comply with all LC State policies, as well as local, state, and federal laws during travel and Program participation.

I understand that alcohol, illegal drugs, and dangerous weapons are strictly prohibited during LC State-sponsored travel. I further understand that faculty or staff may, at their discretion, restrict or terminate my participation for unsafe, unprofessional, or noncompliant behavior. Such actions may affect eligibility for future LC State-sponsored activities.

Acknowledgement

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my heirs, estate, executor, administrator, assigns, and all members of my family. I have carefully read and fully understand this document and sign it voluntarily.

Participant Name: _____ Signature: _____ Date:_____

If participant is under 18 years of age:

Parent/Guardian Name: _____ Signature: _____ Date:_____

ATHLETIC STUDENT TRAVEL ONLY:

Coach Signature: _____ Athletic Director Signature: _____ SPORT: _____