Code of Conduct

I hereby agree that in consideration of my being permitted to participate in this Southeastern Technical College field trip as a student, I will be subject to the supervision and authority of the faculty and/or director in charge. I also understand and agree that the faculty and/or director in charge has the sole authority to make decisions regarding my continued participation in the field trip program if they determine that my conduct warrants disciplinary action or if they determine that my continued participation, for whatever reason, poses an immediate risk of harm to me or to others.

Assumption of Risk, Waiver of Liability, and Medical Authorization

I recognize that participation in the field trip program entails certain risks to my property and person that, in rare circumstances, can be serious or even lethal. In particular, I understand that the _______ field trip to ________________________________ will involve the following activities ______________________________________________. I freely assume those risks associated with these activities. I further understand and agree that Southeastern Technical College shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me. I also agree to give up any rights I may otherwise have to sue or otherwise bring claims against Southeastern Technical College and its officers, faculty, employees or agents, for personal injuries or death or other harm, except for those injuries, death or other harm caused by a deliberate wrongful act of the aforementioned Technical College and/or its officers, faculty, employees or agents. I understand that it is possible for me to purchase insurance, at my own expense, that will indemnify me against the risk of the financial losses outlined in this paragraph.

Medical Emergency

In the event of an emergency and I am unable to act on my own behalf, I authorize the faculty and directors of the field trip program to take whatever action they deem is warranted and appropriate regarding my health and safety.

_________________________________________  _______________________________________
Signature of Student  Date

Declaration and Release of Parent or Guardian for Participants Who Are Under 18 Years of Age

I certify that I am the parent or legal guardian of ________________________ who has applied for participation in the field trip program. I have read the forgoing Assumption of Risk, Waiver of Liability and Medical Authorization and I understand it. Further, in consideration of ________________________ being permitted to participate in the _______ field trip program, I accept and agree to be bound by, on my own behalf and on behalf of ________________________ the terms and conditions set forth in the forgoing Assumption of Risk, Waiver of Liability and Medical Authorization.

_________________________________________  _______________________________________
Parent/Legal Guardian  Date
Signed, sealed and delivered in the presence of:

__________________________________________
Notary Public

My Commission Expires _______________________

Other forms that may need to be used:
Field Trip Request Form, Health Disclosure Form, Field Trip Conditions of Participation

Code of Conduct, Assumption of Risk, Waiver of Liability, and Medical Authorization, and Medical Emergency Form