

Activity Waiver Release

Trip Information

Destination: _____ Time/dates: _____

Meeting Place: _____

Meeting Time: _____ Return Date: _____

I, _____, do hereby absolve and release school officials and instructors from Central New Mexico Community College from any possible claims for property damage, personal injuries and/or illness, or wrongful death which might be sustained at any time during the field trip to _____
_____.

Medical Information

Name _____

Address _____ Telephone _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone _____

Medical Coverage in foreign countries ? Yes No

In the event of illness, accident, or emergency, please notify:

Name _____ Relationship _____

Address _____ Telephone _____

In the event of illness or injury, I do hereby consent to whatever medical treatment or hospital care is necessary from a licensed physician and/or surgeon to protect my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Participant Name _____

Participant Signature _____ Date _____

If there are any special medical conditions, please note them on the back of this sheet. This information will remain confidential.

