



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 inquiries 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 not them on the back of this sheet. This information will be confidential.

Automobile Information

Auto Insurance Carrier (if you will be a driver on this trip):

Policy Number: _____ Telephone: _____

Address: _____

New Mexico Driver's License Number: _____ Expiration _____

License Plate Number: _____

Car Make and Model: _____

Do you have any felony convictions involving operation of a motor vehicle? Yes No

I understand that if I am a driver or a rider in a participant's car, I do hereby absolve and release school officials and instructors from Central New Mexico Community College (CNM) from any possible claims for personal injuries, and/or illness, which may be sustained as a result of transportation during this field trip.

Participant Name: _____

Participant Signature: _____ Date: _____

Additional Medical Information

