



CHARTERED STUDENT CLUB/ORGANIZATION
Activity Waiver Release

Trip Information

Student Name: _____

Destination: _____ Time/dates: _____

Meeting Place: _____

Meeting Time: _____ Return Date: _____

I, _____, understand that I am traveling to _____

and that the chartered student organization/academic division _____

is paying for _____ and I will be paying for _____.

*I understand that I must be aware of and abide by the travel rules and regulations regarding the submission of required travel documents and/or receipts necessary for any reimbursements. *I also understand that while traveling to and attending CNM Sponsored activities, that I am bound to adhere to CNM's Student Code of Conduct.

Student Signature

Date

Release, Waiver of Liability and Covenant Not to Sue

The undersigned party hereby acknowledges that participation in CNM sponsored activities may involve potential risk of physical injury and assumes all such risks. The undersigned hereby agrees that the sole consideration of Central New Mexico Community College allowing the undersigned to participate in voluntary CNM sponsored activities and, in connection therewith, making available to the undersigned for his/her use while participating in such activities, certain equipment, facilities, grounds, or personnel of the Institute, the undersigned participant does hereby waive liability, release and forever discharge the Central New Mexico Community College Governing Board, its demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with CNM sponsored programs and activities.

I further covenant and agree that for the consideration stated above, I will not sue the Central New Mexico Community College, its Governing Board, or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during the entire period of my enrollment or employment at the Institute.

I certify that I am ___ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

This _____ day of _____, 20____ Student I.D. # _____

Print Name _____

Student Signature _____

Parent/Legal Guardian (if student is a minor)

Date _____



CHARTERED STUDENT CLUB/ORGANIZATION

Medical Information

Name: _____

Address: _____ Telephone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Address: _____ Telephone: _____

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 student is under the age of 18, a parent or guardian must sign below for permission for the student to receive medical treatment, if necessary.

Parent/Legal Guardian (if student is a minor)

Date

Additional information about any special medical conditions you may have is optional, but may be helpful. Please note this information below. Use the back of this sheet if additional space is needed. This information will remain confidential.



CHARTERED STUDENT CLUB/ORGANIZATION

Advisor/Student Traveler Letter of Agreement Form

I _____ (print name) understand that I have agreed to travel with _____ (Chartered Student Organization name) to _____ (workshop/conference/event name) on _____ (dates of workshop/conference/event name). I understand that it is my responsibility to clear my travel dates with my employer, family and instructors at CNM. I understand that I am responsible for all charges incurred should I cancel this trip for personal reasons that do not involve a life crisis; I am responsible for loss of funds to the College. Such fees could include any or all of the following:

- Conference registration fee
- Travel Agency fee for cancellation
- Airfare
- Hotel – one night stay or portion thereof

Advisor / Student Traveler Signature:

Date: