



CONSENT AND GENERAL RELEASE AGREEMENT
FOR OFF-CAMPUS COLLEGE ACTIVITY

Student/Participant Name Department and Course
Student Number (if applicable) Date of Birth

I, the undersigned, in order to participate in Broward College’s off campus activities and field trips state and agree as follows:

1. I have been made aware of the potential risks associated with participating in off campus activities and field trips, including the risks associated with transportation, participation, and engagement in these activities. I understand that these risks include, but are not limited to, serious bodily injury, disability, death, and the potential for theft of my belongings. I voluntarily assume the risk and willingly choose to participate in Broward College’s off campus activities and field trips.

2. I understand that Broward College will make a reasonable effort to contact the student’s parents if the student is under 18 years of age before medical referral is made and to utilize the physician of the parent’s choice. In the event of an emergency, however, the need for prompt action may preclude the college from contacting the minor’s parent prior to medical treatment. I give my permission for such emergency medical assistance to be rendered and understand that Broward College does not provide any insurance coverage for such program and that the financial liability will be solely my own.

3. In consideration for participation in Broward College’s off campus activities and field trips, I agree to ASSUME ALL RISKS and RELEASE, WAIVE, and FOREVER DISCHARGE, on behalf of myself, my agents, representatives, heirs, successors and assigns, Broward College, the State of Florida, the district, the District Board of Trustees, and all of their agents, representatives, employees, successors and assigns, of all liabilities, claims, actions, damages, costs or expenses, and causes of action whatsoever, whether known or unknown, arising out of, or in any way related to, my participation in the off campus activity and/or field trip, including but not limited to any loss, damages, or injury, including death, that may be sustained before, during, or after participation in the above mentioned activity or field trip. I understand that this waiver includes any claim based on negligence, action, or inaction of the parties.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Signature of Student/Participant:
Date:
Co-Signature of Parent/Guardian:
Date:
(If Student/Participant is under 18 year of age)