

Travel/Activity Release Agreement

Ringling College of Art and Design

PARTICIPANT: (Name/Cell/Email/Alt)

EMERGENCY CONTACT: (Name/Cell/Phone/Email)

SPONSORING INSTITUTION:

Ringling College of Art and Design
2700 North Tamiami Trail
Sarasota, Florida 34234-5895

DESCRIPTION OF EVENT/ACTIVITY:

DATES OF PROGRAM:

I, _____, hereinafter "Participant," have applied to participate in the event/activity described above, sponsored by the Ringling College of Art and Design in Sarasota, Florida, or its designee. I acknowledge that the nature of the event/activity may expose me to hazards or risks that may result in my illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. In consideration of my participation in this event/activity, I hereby accept all risk to my health and of my injury or death, as well as risk of loss of personal property, that may result from such participation, and I hereby release the Ringling College of Art and Design, its governing board, officers, employees and representatives, from any liability to me, my personal representative, estate, heirs, next of kin and assigns for any and all claims and causes of action, including my death, that may result from or occur during my participation in the event/activity, whether or not caused by the negligence in whole or in part of the Ringling College of Art and Design, its governing board, officers, employees and representatives. _____ (Initial)

I understand that during the course of the event/activity, I may travel to destinations by bus or other modes of travel. I desire to take part in the transportation in order to participate in the program. I acknowledge that bus and other modes of travel pose several hazards and risks that may result in my illness, personal injury or death, or loss of personal property. Such hazards include, but are not limited to, weather difficulties, mechanical problems, other vehicles, pedestrians, and driver negligence. I am willing to travel and agree on behalf of myself, my personal representatives, estate, heirs, next of kin and assigns to release the Ringling College of Art and Design, its governing board, officers, employees and representatives, from any and all claims and causes of action that may result from bus or other modes of travel during the course of the event/activity. I agree to hold the

Ringling College of Art and Design harmless from any injury to my person or property that may occur as a result of my travel during this event/activity and in preparation for participation in said program. _____ (Initial)

In the event of an accident or emergency, permission is given for emergency anesthesia, surgery, hospitalization or other treatment deemed necessary for my well-being.

Health Insurance Information: Insurance Company: _____
Insurance Company Phone: _____
Policy Number: _____
Policy Holder's Name: _____

Furthermore, I fully understand that the standards of behavior for Ringling College of Art and Design students will be in effect and will be enforced during this activity. I will also abide by any decisions made by the Ringling College of Art and Design or its agents in this regard for the good of myself and for the good of the group. I give permission to Ringling College of Art and Design, its governing board, officers, employees and representatives, to contact, at their discretion, my family members or emergency contact if I become ill or have any problems or needs while participating in this program.

I understand that if I am dismissed from the event/activity for any reason, before or during the dates of the event/activity, I will be responsible for any additional expenses incurred due to my dismissal and/or failure to complete the event/activity in its entirety. I also understand that no refunds for submitted funds related to the event/activity cost or transportation will be given.

Name (Printed): _____

Date of Birth: _____

Permanent Home Address: _____

[NOTE: Participants under the age of 18 Years must execute a separate agreement that requires the signature of a parent or legal guardian.](#)

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCUR WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR PROGRAM.

Signature of Participant: _____
(Date)