



COLUMBIA COLLEGE CHICAGO

FIELD TRIP FORM FOR ADULT PARTICIPANT

PLEASE CLEARLY PRINT ALL REQUESTED INFORMATION.

I hereby certify that I am over the age of eighteen and by my signature below, and in consideration of being allowed to participate in this event, I hereby release Columbia College Chicago (CCC), its officers, agents, employees, successors, and assigns from any and all liability, not caused directly by negligence of CCC or its representatives, arising out of or in any way related to my participation in a student field trip to visit the: _____ (place of field trip) in _____ (city and state). The group will leave on _____ (day/date) at _____ (time—am/pm) and return on _____ (time—am/pm).

I understand that there will be activities required of me as necessary for participation in the above-related trip and that there is some risk involved in all such activities. I hereby accept that risk.

IF APPLICABLE: I understand that the College is providing transportation and that _____ (person sponsoring trip) of _____ (your department name) will be accompanying the participants.

If I require medical care while participating in the activities of this trip, I authorize CCC through its employees or agents (including the staff of your department) to contact Dr. _____ at telephone number, (_____) _____, or if that is not possible, I authorize CCC through its employees or agents to summon emergency medical care or to take me to the nearest medical facility for purposes of receiving medical care or to take me to the nearest medical facility for purposes of receiving medical care with the understanding that I will not hold CCC, or its employees, agents or representatives responsible for the actions of the agents, representatives or employees of the medical facility and that I will assume any and all responsibility for payment of same.

My medical insurance carrier is _____

And the policy number is _____

Date: _____

Participant/OASIS I.D.# _____