

MIDLAND COLLEGE TRAVEL RELEASE

While traveling with Midland College, I understand and agree to abide by the following stipulations:

1. All expenditures must have prior approval of the club advisor, the Student Activities Coordinator, and the Vice President of Student Services.
2. Any use of Midland College money for this activity is not included to indicate Midland College's endorsement or sponsorship of the activity. (Midland College sponsorship will be determined by the Vice President of Student Services or his/her designee.)
3. I do not hold Midland College liable for me, my belongings, or vehicle used in any way while I am traveling to, attending, or traveling from this activity.
4. No alcoholic beverages will be bought, consumed or allowed at any time during this trip.
5. Smoking is not allowed inside the college vehicles or inside the hotel rooms.
6. No one may leave the group alone or with another party without prior written notice.
7. All traffic rules should be followed.
8. When driving a personal vehicle, only approved passengers may accompany me.

I will ___/will not ___ be traveling with a faculty/staff sponsor present.

Event and Location: _____ **Date(s):** _____

Complete the following section if you are traveling without a sponsor.

_____ I will be driving my car.

_____ I will be riding with another student. _____

If any changes occur, I will immediately notify my sponsor, Student Activities Coordinator, or the Vice President of Student Services.

Signature: Vice President of Student Services: _____

Everyone must complete:

I recognize, by signing this form that I am aware of all the stipulations and rules regarding travel with Midland College. Therefore, I understand that breaking any of the above rules or disobeying my sponsor(s) may result in the inability to travel with Midland College, dismissal from the organization, college probation, or removal from the college.

PRINT Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Signature: _____ Date: _____

If 17 or under, a parent's or guardian's signature is required: _____

MIDLAND COLLEGE TRAVEL RELEASE (cont.)

PLEASE READ: In case of medical emergencies where your emergency contact cannot be reached immediately, we request minimal information regarding your medical history to ensure your safety. If none of the following apply, please check "no" to all of the answers and print, sign, and date the bottom.

Do you have any medical conditions that your sponsor should know about? Yes No

If yes, please describe: _____

Do you take any medications regularly that your sponsor should know about? Yes No

If yes, please describe: _____

Do you have any allergies that your sponsor should know about? Yes No

If yes, please describe: _____

The above information is complete, true, and accurate to the best of my knowledge.

Print

Sign

Date