

**Agnes Scott College**  
**TRIP PARTICIPANT CONTRACT & RELEASE**

This agreement shall constitute a contract between Agnes Scott College and \_\_\_\_\_, hereinafter referred to as Participant.

**Participant Agrees:**

- A. That attached Medical Information Form is a part of the Trip Contract and must be agreed to and signed by Participant in order for the Trip Contract to be valid.
- B. That all terms and conditions in this Contract and Release extend to and are obligatory upon the heirs, personal representatives, successors, family and assigns of the respective parties.
- C. To have parents or guardians sign Release form if Participant is a minor.
- D. To hold Agnes Scott College harmless for any personal injury, discomfort, inconvenience (mental or physical), loss, delay of baggage, or property damage which may have been occasioned by the contracted transportation service, accommodations, facilities, rental equipment, or other contracted agencies and their employees.
- E. That trip participation is restricted to Agnes Scott College students, faculty, and staff unless specific exception is granted in writing.
- F. To abide by all rules and regulations as contained in the Agnes Scott College Handbook and all rules and regulations established by the department/organization sponsoring the trip.
- G. That violations of rules and regulations governing this trip will be subject to Agnes Scott College disciplinary action upon return to campus. Any violations of local, state, or federal law and subsequent legal actions taken against Participant shall be the sole responsibility of the Participant.
- H. That Agnes Scott College reserves the right to decline to accept or retain any person as a Participant of the trip. Agnes Scott College reserves the right to cancel the participation of any Participant who acts in a way contrary to the rules and regulations governing the trip. No refund for services yet to be provided will be made in such case.
- I. To settle all debts, before departure, incurred by the Participant, which are not included in the price of this trip. Such expenses may include, but are not limited to, telephone calls, food service or other purchases charged to Participant's room.
- J. That payment for damages or loss to public or private property resulting from personal negligence, accidents, destructive intent is the sole responsibility of Participant and the debts must be settled before departure.
- K. That Agnes Scott College cannot be held responsible for lost or stolen property, either personal or rental.
- L. It is understood that this Contract between the Participant and Agnes Scott College cannot be assigned.

Participant with the intent of binding himself/herself, his/her spouse if applicable, and his/her heirs, legal representatives and assignees, voluntarily and knowingly agrees to protect, hold harmless and indemnify Agnes Scott College, its officers, employees, and advisers against all liabilities, claims, suits or demands for injuries to any person and/or property growing out of his/her participation in the

\_\_\_\_\_  
(Name of the trip)

\_\_\_\_\_  
(Date(s) of Trip)

Participant assumes all liability for any suits, claims, injuries, or damages occasioned by his/her actions. Further, Participant specifically assumes all risks, damages, or injuries from any cause, action, omission or occurrence occasioned by Agnes Scott College, its officers, employees, and advisers.

I have been informed by Agnes Scott College that major medical coverage is advisable under the conditions of this event.

\_\_\_\_\_ I HAVE the suggested major medical insurance coverage.

\_\_\_\_\_ I DO NOT HAVE the suggested major medical coverage, but I do understand the risk and am willing to assume the costs associated with any injury related to this event.

**ACCEPTED AND AGREED:**

For \_\_\_\_\_ (Print Name)

By \_\_\_\_\_ (Signature)

Date \_\_\_\_\_

**FOR MINORS ONLY**

All Participants who are legally minors in their state of legal permanent residence must have parent or guardian sign the following Release:

\_\_\_\_\_ states that he/she is the parent or guardian of \_\_\_\_\_

and does expressly stipulate and agree, in consideration of the agreements of this contract, to indemnify and hold forever harmless Agnes Scott College, its officers, employees and advisers against loss from any and all claims, demands, or actions in law or inequity that may hereafter at any time be made or brought by said minor. Parent or guardian of minor further expressly stipulates and agrees to accept the terms and conditions of the contract and agreement.

I have been informed by Agnes Scott College that major medical coverage is advisable under the conditions of this event.

\_\_\_\_\_ My student HAS the suggested major medical insurance coverage.

\_\_\_\_\_ My student DOES NOT HAVE the suggested major medical insurance coverage, but I do understand the risk and am willing to assume the costs associated with any injury related to this event.

**ACCEPTED AND AGREED:**

For \_\_\_\_\_ (Print Name)

By \_\_\_\_\_ (Signature)

Date \_\_\_\_\_

**Agnes Scott College  
Medical Information Form**

(Use in conjunction with Trip Participant Contract & Release)

**1. Participant agrees to provide the following information:**

Name \_\_\_\_\_ (hereinafter referred to as Participant)

Email Address \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Class of \_\_\_\_\_ or Faculty/Staff

LOCAL Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Condition Requiring Special Consideration \_\_\_\_\_

Medication Required \_\_\_\_\_ Drug Allergy \_\_\_\_\_

**2. Parent or Guardian and one other person who may be contacted in case of an emergency:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Telephone (h) \_\_\_\_\_ Telephone (h) \_\_\_\_\_

(w) \_\_\_\_\_ (w) \_\_\_\_\_

**3. Participant WITH Medical Coverage Agrees:**

That they will be covered by medical insurance for the duration of the trip and to provide the following information in order to be eligible for participation:

Insurance Company: \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_