



**OFFICE OF STUDENT LIFE / STUDENT GOVERNMENT ASSOCIATION  
Class FIELD TRIP/TRAVEL CONTRACT ACKNOWLEDGMENT OF  
STUDENT CONDUCT AND CONSENT**

1. I, the undersigned, am voluntarily choosing to participate in the activity of \_\_\_\_\_  
\_\_\_\_\_

I hereby accept full personal responsibility for my own actions and conduct in this activity, including making sure that I know (a) all of the risks and dangers that I may encounter in this activity, and (b) how to exercise reasonable care to avoid or minimize those risks and dangers.

2. I understand that as Prairie State College has in part, or in whole, assisted in supporting this activity, that I am representing Prairie State College, and I agree to conduct myself in accordance with the Code of Student Conduct. Failure to conduct myself in a manner consistent with this policy may result in my being subject to disciplinary action as provided for under the Code of Student Conduct (PSC Board Policy F-15).

3. I certify that, except for any medical conditions which I have informed agents of Prairie State College, I am in good health and have no other medical, physical, or emotional impairments, conditions, or concerns that might inhibit my participation, or jeopardize my safety, or the safety of others, while participating in the activities associated with this trip.

4. I further understand that consuming an illegal substance of any kind, or the legal or illegal use of alcohol during the activity or en route to and from the activity will result in my being subject to disciplinary action as provided for under the Code of Student Conduct (PSC Boarding Policy F- 15).

5. In case of emergency, I request that the College contact the person listed below. If family or friends cannot be reached by reasonable methods, I hereby grant permission for agents of Prairie State College to administer, or cause to be administered, emergency measures to sustain life and stabilize my condition while awaiting medical assistance personnel, or my designated family contact person.

Contact name \_\_\_\_\_

Telephone \_\_\_\_\_

6. I agree to reimburse Prairie State College for all associated costs if I fail to comply with the terms listed above.

7. **I understand that there are certain risks and dangers associated with my participation in this activity**, including (but not necessarily limited to) risks of the following: illnesses, accidents and injuries. **I hereby voluntarily accept and choose to encounter these and all other risks and dangers arising from or associated with my participation in this activity.**

8. I understand that if I drive my own motor vehicle or otherwise arrange my own transportation to, during, or from the activity, I am responsible for myself, my own safety, the safety of my passengers, and the security of my vehicle. By signing this, I also acknowledge that I have a valid driver's license and that my vehicle is insured in accordance with state law. The College does not pay for any damages or injury suffered in the course of traveling in private vehicles.
9. I understand that neither the College nor any of its agents or employees serve as guardians or insurers of my safety. I further understand that the College does not provide any special insurance for my protection, and that it is my responsibility to obtain any appropriate insurance.

I understand that this activity is voluntary and that I have chosen to participate of my own free will. I will indemnify and hold harmless the State of Illinois, Prairie State College, its agents and assigns, officers, employees, directors, trustees and representative, from any and all liability, actions, causes of action, debts, claims, demands or every kind and nature whatsoever, losses, damages, costs, claims, including but not limited to, bodily injury or property damage which may arise of or in connection with my trip or participation in any of the activities arranged for me by Prairie State College.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Student ID Number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Delegate Name/Student Signature

\_\_\_\_\_  
Parent or guardian, if under age 18

*To be filed with the Student Life Office of Prairie State College.*

*If this is a trip associated with a class, the forms can be filed with the teacher or Dean.*