



Dalton State College
Office of Student Activities
STUDENT TRIP REGISTRATION FORM

Please complete every line, using N/A where not applicable. Be sure to complete all pages and sign where indicated.

Full Name: \_\_\_\_\_ DSCID: 9000 \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Trip semester: Fall Spring Summer
Student MUST be registered for classes during semester of travel.

Sponsoring Organization: \_\_\_\_\_

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

Trip Leader/Advisor(s): \_\_\_\_\_

Emergency Contact Information and Student Insurance Information

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

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

Phone Number(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have Insurance? Yes [ ] No [ ]

If yes, name of Insurance Company: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

List any allergies that you have (including food or drug allergies): \_\_\_\_\_

Dalton State College Policy on the Use and Possession of Drugs, Including Alcohol

The Dalton State College Alcohol Policy is as followed:

I understand that I can not possess, purchase or consume alcoholic beverages or illegal drugs when on a Dalton State College sponsored trip. If in violation, I understand that charges will be brought to the Disciplinary Committee. Furthermore, I understand and agree with the Student Code of Conduct and the Conduct Information and Regulations found in the DSC 2009-20010 Student Handbook.

My signature below indicates that I have read the Dalton State College Policy on the use and possession of drugs, including alcohol, and that I agree to abide by this policy as a participant in the indicated activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE TO ALL PERSONS PARTICIPATING IN  
DALTON STATE COLLEGE TRAVEL**

**RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE**

*(Read carefully before signing)*

Many recreational and/or student activities involve substantial risks of bodily injury, property, damage, and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities, and in training and preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledge that Dalton State College does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any athletic, recreational, or student activity.

**All participants in recreational/student activities will be required to sign the release, waiver of liability, and covenant not to sue form below.**

*I acknowledge that I am solely responsible for any hospital or other costs arising out of bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy. I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in any such activities in which I may elect to participate, including the training and preparation for and travel to and from the site of such activities.*

**RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE**

The undersigned hereby acknowledge that participation in recreational and/or student activities involves inherent risks of physical injury, illness, or loss of personal property and assumes all such risks. The undersigned hereby agrees that for the consideration of Dalton State College allowing the undersigned to participate in athletic and any student activities and in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, ground, or personnel of the institution, the undersigned participant does hereby waive liability, release, and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees of and from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs, athletic activities, or student activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs, athletic activities, and student activities.

I understand that the acceptance of this release, waiver of liability, and covenant not to sue the Institution of the Board of Regents of Georgia or any agent or employees thereof; shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

**Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the time period indicated below (July 1, 2009 to June 30, 2010) while I am enrolled and/or employed at Dalton State College for all activities in which I am involved.**

**I have received a copy of this document, and I have read the above carefully before signing. If I need special accommodations due to a disabling condition, I should contact the Office of Student Activities or the Academic Resources Office within a reasonable time, and no less than seven days prior to the proposed activity.**

**I agree that as a participant in this school sponsored trip, I will be responsible for my own actions at all times. I understand that this form will be kept on file, and that my signature is valid for all trips during the current academic year. In addition, I understand that I am fully liable to the college for registrations fees, ticket costs, and/or any other money that was paid on my behalf in the event that I do not attend.**

I certify that I am \_\_\_\_\_ years of age and that I have read the above carefully before signing.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_