

AMARILLO JUNIOR COLLEGE DISTRICT
Waiver of Liability for Student Travel

STATE OF TEXAS
COUNTY OF POTTER

I, _____, Social Security # _____, do represent to Amarillo Junior College District that I was born on _____, 19____, that I have no physical infirmities nor defects except _____, and I do release the College District from any and all claims for damages, including but not limited to hospital and medical expenses and loss of income, growing out of injury or death arising from participation in the educational programs in which I am enrolled. I further release the College District from any and all claims for damages growing out of injury or death arising from participation in a College-sponsored program due to any personal defects or physical infirmities that I have listed above. This waiver will remain in effect throughout the period in which I am enrolled as a student in any class or program sponsored by Amarillo College. I further certify that I have read and understand the "Amarillo College Student Rights and Responsibilities" publication.

Also, I am aware of the policies concerning student travel, and I understand that I must furnish receipts for all travel-related expenditures for which I expect reimbursement. I understand that no alcoholic beverages or illegal drugs will be bought, consumed or allowed at any time during student travel, and that all expenditures must have prior approval of the student organization's faculty sponsor according to Student Services' published guidelines for student travel.

Dated this _____ Day of _____, 20____.

Date of Travel/Program: _____ - Sponsor: _____

Student's Signature _____

If the student executing the waiver has not reached his/her 18th birthday, the following consent must be executed by a parent or the guardian of the minor:

I, _____, of _____
(Parent/Guardian) (Address)
consent to the foregoing waiver and release dated this _____ Day of _____, 20____.

Parent/Guardian Signature _____

(P: PUBLIC)