

**CONSENT FORM FOR VOLUNTARY STUDENT-RELATED TRAVEL**  
for trips or activities that are *not* required for a course or program

**GREENFIELD COMMUNITY COLLEGE**

*This form must be completed by all attendees: faculty, staff, and students. A copy must be retained by activity leader, a copy submitted to the activity leader's supervisor's office with the Travel Authorization form, and the original filed with Public Safety*

*For extended (overnight or multi-day trips) attendees must be 18 years of age or older.*

**Section I: To be completed by trip leader**

Class/Organization:
Activity leader:
Activity Emergency contact number:
Activity Date(s):
Activity Description (activities, location, transportation, appropriate clothing):
Equipment supplied by Attendee:
Equipment supplied by GCC:
Inherent risks and dangers associated with this activity:

Attach additional information as necessary

**Section II: To be completed by attendee (or parent/guardian if attendee is under 18 years of age).**

NAME _____	AGE _____	
HOME ADDRESS _____ (STREET)		
(CITY) _____	(STATE) _____	(ZIP) _____
HOME PHONE _____	WORK PHONE _____	
MEDICAL INSURANCE COMPANY _____	POLICY # _____	
EMERGENCY CONTACT NAME _____	PHONE # _____	

**All Attendees must read and sign reverse side of form**

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**for trips or activities that are *not* required for a course or program**

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***For extended (overnight or multi-day trips) attendees must be 18 years of age or older.***

**Section III To be completed by attendee (or parent/guardian if attendee is under 18 years of age).**

I acknowledge that I am seeking to participate in the activity described above. I further state that I am at least eighteen (18) years of age, fully competent to sign this agreement and am voluntarily seeking to participate in this activity. If I am not eighteen (18) years of age, then I will have a parent or legal guardian read and execute this agreement. I understand that by signing this document I am representing that I understand all its terms and conditions and fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.

I acknowledge that there may be certain dangers, hazards and risks associated with my participation in this activity and have reviewed the list of inherent risks and dangers provided above. I acknowledge that the risks associated with this activity are not necessarily limited to those listed. I further acknowledge and understand that not all risks can be prevented. In light of the risks associated with this activity, I may consult with my physician and/or health care provider to discuss whether my participation in the activity is appropriate given my current physical and mental health. I represent that I am physically and mentally able, with or without accommodation, to participate in this activity, and am capable of using the equipment, if any, associated therewith.

On behalf of myself and my family (including legal guardians) I agree to assume all the risks and responsibilities associated with my participation in this activity and agree to release from liability and waive any legal actions against Greenfield Community College, its governing board, officers, agents and employees (the parties) for any personal injury, death or property damage suffered by me, whether caused by the negligence of said parties while participating in this activity, or while in transit to or from this activity.

I understand and agree that the College may not provide or have medical services or personnel available at the location of the activity or on its campus. Therefore, should I require emergency medical treatment as a result of an accident or illness arising during the activity, I consent to such treatment. Further, I acknowledge that the College does not provide health or accident insurance for activity attendees and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment provided.

I agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be held illegal or unenforceable, the remaining terms and provisions shall remain in full force and effect.

\_\_\_\_\_  
Signature (Parent/Guardian signature if attendee is less than 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory's Name (Please Print)

\_\_\_\_\_  
Date

In case of an emergency, please contact:

\_\_\_\_\_  
Name and Relationship

(\_\_\_\_\_) \_\_\_\_\_  
Phone