

MS Gulf Coast Alcorn State University Alumni Foundation, Inc.

Registration and Waiver Form

ASSUMPTION OF RISK AND GENERAL RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

(Please Print Clearly)

Student's First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Email: _____

High School: _____ T-Shirt size: _____ (Adult size)

Grade: _____ Anticipated Major/Interest: _____

Allergies: _____

Medications: _____

Description of Field Trip: **Alcorn State University High School Day**

Destination(s): **Alcorn State University, 1000 ASU Drive, Lorman, MS**

Date(s): **Saturday, September 21, 2019**

I, _____ have chosen to allow my child _____ to voluntarily participate in the field trip described above (the "Trip"). ("Trip" is understood to include all activities at destinations, and all travel to and from such destinations.)

This agreement confirms my understanding of the following:

- Risks of Travel.** I understand that participation in the Trip may involve risks. These include without limitation risks involved in traveling to, from, and within the Trip destination, as well as risks generated by the activities in which I engage while on the Trip. I recognize that these potential risks include, for example, illnesses, injuries and even death. I have made my own investigation of these risks, understand these risks and assume them knowingly and willingly. I will take every precaution to safeguard my health and to protect my personal belongings from damage or theft. I acknowledge that the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** recommends that I never travel alone. I understand that, although the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** has organized the Trip, it cannot eliminate all risks or guarantee my safety while I am participating in the Trip. I have made the independent judgment to participate in the Trip.
- Health Insurance; Medical Care; Health and Safety Concerns.** I carry valid and current medical insurance and have a valid insurance identity card to bring. I have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive. I authorize the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** to obtain appropriate health care for me in the event that I need it but am unable to obtain it for myself. I further agree to hold harmless and indemnify the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** for any and all actions taken by the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** to provide necessary emergency medical care to me during the Trip. I also agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, the **MS Gulf Coast Alcorn**

State University Alumni Foundation, Inc. may contact my parents or any other person whose name is provided as my “emergency contact.”

3. **Standards of Conduct.** I recognize that I assume an important personal obligation to conduct myself in a manner compatible with local laws and regulations and with the policies of the host institution (if any); and with any instructions given by the Trip leaders. I promise to act responsibly and will become informed of, and will abide by, all such laws, regulations, policies and standards. I will comply with the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.’s** policies, standards and instructions for student behavior. I agree that the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** has the right to enforce all standards of conduct described above.
4. **Travel Arrangements.** I understand that **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** is not responsible for matters that are beyond its control, and that it cannot warrant the safety or convenience of the circumstances under which I will be living or working.
5. **GENERAL RELEASE.** I have carefully read and freely signed this Assumption of Risk and General Release Form. I understand and agree that no oral or written representations can or will alter the contents of this document.

I, the undersigned parent and/or legal guardian of **the student** listed above (the “Student”), do hereby consent to his or her participation in the Trip. I, as the parent of the Student and on behalf of the Student, release, hold harmless and agree to indemnify the **MS Gulf Coast Alcorn State University Alumni Foundation, Inc.** and its officers, governing board members, faculty, staff, representatives, employees and agents, from and against any present or future claims, losses, liabilities, costs and expenses for injury to person or property. or for any other damage, which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student’s participation in the Trip (including periods in transit to or from Student’s destination), resulting from any cause, including but not limited to negligence on the part of the Student or any of the released parties.

PARENT NAME (print): _____

PARENT SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION: (Print)

NAME (1st Contact): _____ RELATIONSHIP: _____

TELEPHONE (HOME): _____ TELEPHONE (CELL): _____

NAME (2nd Contact): _____ RELATIONSHIP: _____

TELEPHONE (HOME): _____ TELEPHONE (CELL): _____

E-MAIL ADDRESS (ES): _____

MGCASUAF REPRESENTATIVE SIGNATURE: _____

A \$35 Money Order or \$36.40 PayPal non-refundable fee is required with registration form and waiver to reserve your seat

Please mail registration form and deposit to the address below by August 24, 2018
MS Gulf Coast Alcorn State University Alumni Foundation, Inc.
P.O. Box 6798
Gulfport, MS 39506

OR

Email registration form to msgulfcoastalcornalumni@gmail.com

Payment: \$35 Money Order or \$36.40 paypal.me/msgcaa/36.40 (Include student’s name)