

## Off-Campus Travel Practices

### **Trip Forms that May Be Used / Required**

1. Release and Indemnification Form
2. Emergency Contact Form – Used when the trip is over night.
3. Letter to professors to request to be excused from class (optional)
4. Congratulations/Acceptance Letter to attend retreat/conference/etc.
5. Registration Form for retreat/conference/out-of-town trip

\*Forms will be given to faculty/staff/administrative chaperone prior to trip.

\*All forms must be completed in their entirety before students/faculty leave campus.

\*All forms are shredded upon return from the trip.

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Three copies of each trip form should be made -

1. Set one of the forms is given to the chaperone.
2. Set two of the forms is given to Student Life Center staff member in charge.
3. Set three of the forms is given to the College's Security Manager

In the event of an emergency:

Step 1 Contact College Security, 215-751-8111.

Step 2 Contact "Emergency Contacts" listed on the Emergency Contact Form.

Step 3 Follow necessary instructions from officials to have the best possible outcome to ensure safety and the health of all involved.

Step 4 Upon return to Community College of Philadelphia, document and follow-up with the Office of Student Life Staff.

\*\*\*\*\*SAMPLE\*\*\*\*\*

**COMMUNITY COLLEGE OF PHILADELPHIA**

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**Office of Student Life**

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**RELEASE and INDEMNIFICATION AGREEMENT**

In consideration of my being permitted to participate in the \_\_\_\_\_ sponsored by the Community College of Philadelphia ("CCP"), I do hereby release Community College of Philadelphia from liability and assume the risk as follows:

1. I hereby release Community College of Philadelphia, its Board of Trustees, its agents, affiliates, officers, and employees and any other sponsor of this program from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of travel or activity conducted by or under the control of CCP with regard to the aforesaid program.
2. I hereby release Community College of Philadelphia, its Board of Trustees, its agents, affiliates, officers, and employees and any other sponsor of this program for any loss or damage arising from any cause whatsoever, and without restricting the generality of the foregoing, shall not hold CCP responsible for any loss or damages arising from any errors or omissions contained in the informational brochure, late or non-confirmation or acceptance of bookings and loss or damage caused by delays. In addition, CCP has the right to make any alteration in route, accommodations, price and/or details in the event of any program being rendered impossible or inadvisable by weather, strikes, war, civil unrest, terrorism, government interference or any cause whatsoever that is beyond CCP's control. Any and all expenses incurred as a result thereof shall be the responsibility of the participant.
3. I agree to take full responsibility for any financial liability or obligation which I personally incur, or injury or damage to the person or property of others which I cause or contribute to while participating in this program. This shall include my responsibility to reimburse the College for all funds commitment to my participation in the trip/event/program and I do not participate.
4. I understand that CCP is not responsible for my well being when I am absent from supervised activities. Once the program has started, no refunds will be made for sightseeing, excursions, accommodations, meals, or other services, which I have declined. I understand that if I should become detached from my group, fail to meet a scheduled departure, or become ill or injured, I will bear all responsibility to seek out, contact, and reach the group at its next available destination at my own personal expense.
5. I understand that CCP is not responsible for any costs arising from the loss or theft of any of my personal property at any time.

- 6. I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore, in the event of injury or illness to myself I hereby authorize CCP by and through its authorized representative(s) or agent(s) in charge of said program, to secure any necessary treatment including the administration of an anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse CCP for any expenses, which it might suffer on account of said injury or illness or treatment thereof.
- 7. I understand that there are certain risks inherent in domestic travel and that CCP cannot assume responsibility for all or certain activities of the undersigned. I am aware of my personal medical needs and hereby assure CCP that I have consulted with a medical doctor, as I have deemed necessary.
- 8. I agree to conduct myself in a manner that will comply with the regulations of my hosts and of the program as administered by CCP, its sponsors, and agent(s). I agree to conduct myself in an appropriate manner at all times including those moments when I may be physically separated from other program participants. I understand that CCP has the authority to discontinue my participation in the program if, in the judgment of CCP's authorized representative(s), my conduct is unacceptable.
- 9. I understand that I am solely responsible for any and all costs arising out of my voluntary withdrawal from the program prior to its completion, including withdrawal caused by injury or illness or disciplinary action by representative(s) of CCP. I agree to take full responsibility for any financial liability or obligation which I personally incur, or injury or damage to the person or property of others which I cause or contribute to while participating in the program. Note: This includes transportation back to Philadelphia should I miss the scheduled departure time of the mode of transportation used for this trip.
- 10. I acknowledge, statements 1-9 in this Community College of Philadelphia Office of Student Life Release and Indemnification Agreement, has been fully explained to me by my faculty/ staff/ administrative chaperone/sponsor. In addition, to understanding all expectations of the co-curricular program/event/trips and reading all materials supplied to me by Community College of Philadelphia.

Participant (Print Clearly) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Participant Date of Birth \_\_\_\_\_

\*Legal Guardian \_\_\_\_\_ (Guardian signature needed if participant is under 18 years old)

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_