



OFF-CAMPUS PROGRAM WAIVER OF LIABILITY

Participant's Name: _____ Campus Phone: _____

Name of Course: _____ Instructor: _____ SC student Yes No

Names and phone numbers of 2 persons to contact in case of an emergency:

_____ Night _____ Day _____

_____ Night _____ Day _____

Participant's health or accident insurance company: _____

Policy number: _____ Insured's member number or Social Security Number: _____

ATTENTION: If the participant will be under 21 years of age when the program or trip begins, it is necessary for the parent / guardian to sign this form.

Inasmuch as _____, hereinafter referred to as "Student," wishes to participate in a program off-campus or take a trip sponsored by Sterling College, hereinafter referred to as "SC,"

I, _____, hereby agree to the following:
(name of Student, or parent/guardian if Student is under 21)

1. In all matters including, but not limited to tours, side trips, guides, transportation, lodging, food and travel accommodations of all kinds, SC shall not be liable to Student for any loss, inconvenience, damage or injury to Student or Student's property occasioned by, or arising from, any defective equipment or any act, omission, negligence, or breach of duty of fellow students, hotels or similar institutions, carriers (public or private), restaurateurs, travel agencies, purveyors, or any agent or servant of any of them, or any person or company engaged by SC, or from changes in transportation service, sickness, weather, strikes, war, quarantine or any other causes; all claims against SC for any such damage or injury being hereby expressly waived by Student and his/her parent or guardian.
2. All hotels and similar institutions, carriers (public or private), restaurateurs, travel agencies, purveyors, and all other persons and companies engaged by SC are engaged as independent contractors and not as agents or employees of SC.
3. Student is undertaking this program at his/her own risk.
4. In no event and under no circumstances shall the liability of SC for any act or failure to act by it exceed the amount paid by the Student for participation in the program.
5. SC has permission to seek medical attention for Student in the event of an emergency.

DATE _____ SIGNED _____
(STUDENT)

DATE _____ SIGNED _____
(PARENT/GUARDIAN, IF STUDENT IS NOT 21 BEFORE START OF PROGRAM OR TRIP)

**MAKE A COPY OF THIS FORM FOR THE STUDENT AND FOR THE SC COURSE INSTRUCTOR.
Then submit completed form to the Office of Academic Affairs (Campus Box 42).**