



## Release of Liability via Alternative Transportation Form

Students who need to request an exception to the student travel procedures (e.g., need to leave a trip early, stay late, travel in a different manner from the group, etc.) must complete this form in its entirety. Once completed, it is the student's responsibility to submit this form and all required documentation to the responsible party\* **a minimum of five (5) academic calendar days prior to departure.**

The responsible party will then forward this completed form and all required documentation to the appropriate administrators listed below for consideration. **The student will be allowed a travel exception only if the *Release of Liability via Alternative Transportation* form is approved by all signatories in the approval pathway.**

For **academic/workforce travel**, this completed form and all required documentation must be submitted to the:

1. Appropriate academic/workforce dean or designee, and
2. Appropriate campus provost or designee.

For **Continuing Education (CE) travel**, this completed form and all required documentation must be submitted to the:

1. Appropriate CE program director or designee, and
2. Appropriate campus provost or designee.

For **athletic travel**, this completed form and all required documentation must be submitted to the:

1. Associate dean of student and enrollment services or designee at the Plano Campus, and
2. Director of athletics or designee.

For **co-curricular, extracurricular, and student organization travel**, this completed form and all required documentation must be submitted to the:

1. Appropriate dean of student and enrollment services, and
2. Vice president of student and enrollment services or designee.

\*Note: Every athletic coach, co-curricular advisor, extracurricular advisor, faculty member, instructor, staff member, student organization advisor, travel advisor, and travel advisor of record overseeing approved student travel shall be identified as the "responsible party."

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### Participant's Information

First Name:

Middle Initial:

Last Name:

9-Digit CWID Number:

Collin College Email Address:

Phone Number:

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### Trip Information

Name of Organization or Group Traveling (e.g., HIST 1302 Class, Tennis Team, Phi Theta Kappa):

Responsible Party's First Name:

Responsible Party's Last Name:

Event Attending (e.g., Trip to State Capitol, Tennis Tournament, PTK Annual Conference):

Location of Event (include location name, city, and state):

Date Event Begins:

Date Event Ends:

How the Group Will Travel:

Bus

College-owned or -leased Vehicle

Personal Vehicle

Plane

Train

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#### **Reason(s) for Exception to Travel Policy**

Explain why you are requesting this exception to Collin College's student travel procedures. Be sure to include your proposed travel itinerary and attach any applicable documentation to this form.

## Travel Release

Although Collin County Community College District (Collin College) is providing transportation to and from the event or activity for the group listed above, I am requesting to travel to and/or from the event or activity via an alternative mode of transportation designated by me.

I, the undersigned, hereby acknowledge there are certain risks associated with participating in events and/or activities on and off campus. In consideration of Collin County Community College District (Collin College) allowing me to participate in collegiate events and/or activities, I hereby assume all risks associated with any event and/or activity and with the travel related thereto. I assume full and complete responsibility for any self-injurious behavior, injury, or accident which may occur to me or the vehicle in which I am driving or riding in connection with the event and/or activity. I also agree and authorize Collin College employees and/or agents to take any and all action they deem necessary to stop any physical injurious behavior I may inflict upon myself or others. I release Collin College of any and all liability related to their intervention in stopping such injurious behavior. I also agree that although I am giving Collin College the right to intervene in these situations, they are in no way under a duty to intervene. I understand that the [Family Educational Rights and Privacy Act of 1974 \(FERPA\)](#) allows for the disclosure of information from a student's educational records without the student's consent to appropriate parties in a health or safety emergency. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature, that I may have against Collin College, its Board of Trustees, employees, agents, and representatives, resulting in whole or in part, from participation in the event and/or activity. This release and waiver shall be binding on my heirs, administrators, and assigns.

Student's Printed Name:

Student's Signature:

Date:

**If the participant is under the age of 18 years, their parent or guardian must also sign below.**

Parent/Guardian's Printed Name:

Parent/Guardian's Signature:

Date:

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### FOR COLLEGE USE ONLY

Date Submitted:

Submitted by the 5 Academic Calendar Days Deadline:

Yes      No

Exception Approved:

Date of Final Approval:

Yes      No

#### Academic/Workforce Travel:

Responsible Party's Signature: \_\_\_\_\_

Acad./Work. Dean or Designee's Signature: \_\_\_\_\_

Campus Provost or Designee's Signature: \_\_\_\_\_

#### Co-curricular/Extracurricular/Student Organization Travel:

Responsible Party's Signature: \_\_\_\_\_

Dean of SES or Designee's Signature: \_\_\_\_\_

Vice President of SES's Signature: \_\_\_\_\_

#### Continuing Education (CE) Travel:

Responsible Party's Signature: \_\_\_\_\_

Program Director or Designee's Signature: \_\_\_\_\_

Campus Provost or Designee's Signature: \_\_\_\_\_

#### Athletic Travel:

Responsible Party's Signature: \_\_\_\_\_

Assoc. Dean of SES or Designee's Signature: \_\_\_\_\_

Director of Athletics or Designee's Signature: \_\_\_\_\_