Dear Trip Participant:

Thank you for signing up for a Waubonsee Community College trip. We appreciate your patronage and look forward to seeing you. Please sign the waiver below and return in the self-addressed stamped envelope for registration to be processed.

**RELEASE**

Waubonsee Community College, its officers, employees and agents, will have the right to exercise whatever supervisory authority over the participant’s conduct during the trip if/they/she believes to be appropriate including necessary medical treatment. In particular, use, possession or intoxication of alcoholic or any controlled substance is not permitted. This supervisory authority includes the right to remove the participant from the trip at any time. If removed, the participant shall reimburse Waubonsee Community College for all costs relating to the participant’s return. If the participant is removed during the trip, the participant forfeits all fees paid or owing to Waubonsee Community College for the trip. The undersigned agree(s) to bear any medical and/or surgical expenses involved as a result of such authorization. The undersigned, his or her heirs, representatives or assigns, agree(s) to release, hold harmless and indemnify Waubonsee Community College, its trustees, officers, employees and agents, from every claim, demand or cause of action, including the defense thereof, which may be asserted by any of the undersigned, or by some third party, against Waubonsee Community College, its trustees, officers, employees or agents and which arise(s) out of or relates to the participation of the participant in the trip or tour.

I have obtained all desired clarifications of this release, understand its terms and agree to them.

________________________________ ________________________________
Participant 1    Print Your Name  Participant 2    Print Your Name

________________________________ ________________________________
Participant 1   Signature  MM/DD/YYYY  Participant 2   Signature  MM/DD/YYYY

________________________________ ________________________________
Participant 1    e-mail address  Participant 2    e-mail address

________________________________ ________________________________
Emergency Contact Name (Please Print)  Emergency Contact Phone Number

________________________________ ________________________________
Trip Name   (Please Print)  Date of Trip  MM/DD/YYYY

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Trip Name   (Please Print)  Date of Trip  MM/DD/YYYY

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