

Wilkes Community College Student Participation Form

Participant's Name: _____ Phone Number: (____)_____

Participant's Address: _____

Purpose of Trip: _____

Instructor/Advisor: _____ Date of Trip: _____

Conduct of Trips

The instructor/advisor is in complete charge during the trip. He/she may require a trip member to leave the trip at any time if, in his/her sole discretion, he/she feels that the student's further participation in the trip may be detrimental to the trip or to the student's health. All expenses incurred in leaving a trip are the responsibility of the individual. **Students are responsible for their actions at all times.**

Liability Waiver

Wilkes Community College or any persons or party acting on its behalf shall not be liable for any injury or loss, which may occur at any time during the trip.

Emergency and Medical Precautions

In case of accident or illness, WCC, through its leaders, will attempt to provide aid and arrange medical assistance when appropriate or necessary.

In accordance with policy, I agree to provide medical history including emergency contacts, doctor's name and phone number, and a list of any prescribed medications I am currently taking. This information is to be kept confidential by the instructor/advisor and to be used only in case of an emergency.

Emergency Contact / Medical Information

Emergency Contact: _____ (____) Phone number: (____)_____

Relationship to Student: _____

Physician's Name: _____ Phone number: (____)_____

Known allergies (medication, food, etc.): _____

Other medical conditions: _____

Current prescription medication: _____

Insurance Carrier: _____ Policy No.: _____

Student Signature: _____ Date: _____