

# HGTC VOLUNTARY ASSUMPTION OF RISK, WAIVER, AND RELEASE AGREEMENT

## HOLD HARMLESS AGREEMENT

### FIELD TRIP FOR HGTC STUDENTS

**READ CAREFULLY BEFORE SIGNING. CONSULT LEGAL COUNSEL FOR ADVISE.  
THIS IS AN IMPORTANT LEGAL DOCUMENT.**

Destination: \_\_\_\_\_ Dates of travel: \_\_\_\_\_

FOR AND IN CONSIDERATION of my participation in this Field Trip, I, my estate, my personal representatives, next of kin, heirs, executors, administrators, agents, and assigns hereby voluntarily acknowledge and appreciate there are certain inherent risks involved in such activities, including permanent injury or death, illnesses, diseases, health conditions, partial or full paralysis, criminal actions by others, loss or damage to personal properties. I understand that I am assuming these risks by participating in the field trip. I understand and agree that this Assumption of Risk, Waiver and full release of liability is binding on me, my estate, my personal representatives, next of kin, heirs, executors, administrators, agents and assigns.

Further, I agree now and forever to waive, release, hold harmless, defend, indemnify, discharge Horry Georgetown Technical College, its volunteers, employees, servants, agents, officers, board members, and affiliated members from any and all claims, injuries, causes, actions, liability, demands, losses, legal or equitable, of any kind whatsoever arising out of or in any way related to any loss or damage to property, injury, illness, disease, loss of services, medical bills, charges, or otherwise, INCLUDING DEATH, which may arise out of or in any way be related to my participation in the this Field Trip, whether occurring inside, on, outside, or off of College property, during transportation to or from participation in the Field Trip, or related activities and for the duration of said activities and transportation, and whether known or unknown, foreseen or unforeseen, including all legal, attorney's, court costs and fees.

I understand that HGTC does not require participation in this Field Trip, and I acknowledge that my participation is voluntary.

I further agree that in the event any provision of this ASSUMPTION OF RISK, WAIVER AND FULL RELEASE OF LIABILITY is held to be unenforceable, then the balance of this document shall survive.

In signing this ASSUMPTION OF RISK, WAIVER AND FULL RELEASE OF LIABILITY, I acknowledge and warrant that I have carefully read this document; that I understand its terms, and that I sign it freely and voluntarily.

I fully understand that Horry Georgetown Technical College does not provide life insurance or health insurance and that I have been advised to obtain my own appropriate insurance. I understand and agree that I am responsible for the costs of my insurance. I understand that I am solely responsible for my health and safety.

**I HAVE READ AND UNDERSTAND THIS IMPORTANT LEGAL DOCUMENT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Telephone Number

\*Signatures need not be notarized, but must be witnessed.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness Name Printed

\_\_\_\_\_  
Address of Witness

Form Submission: Trip Sponsors should submit a copy of this completed form to the Office of Student Affairs and/or the Office of Academic Affairs no later than ten (10) working days (M-F) prior to departure and should keep an additional copy for their records.

# CONSENT FOR MEDICAL TREATMENT

## FIELD TRIP FOR HGTC STUDENTS

In case of an emergency on this Field Trip, it may be necessary for a physician to provide medical care for you. Such care can be provided only if you sign the following authorization for medical treatment.

**I will allow the HGTC Field Trip Sponsor to have Consent for Medical Treatment so that he/she may obtain necessary medical treatment on my behalf in case of sickness, accident, or other emergency.**

\_\_\_\_\_  
Student's name (Please print)

\_\_\_\_\_  
H Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Do you have health insurance? (Please circle.) YES NO

Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's name (If someone other than you.): \_\_\_\_\_

Your relationship to policy holder: (husband, mother, etc.) \_\_\_\_\_

So that the Trip Sponsor may be prepared for any special considerations that you may have while traveling, list any medical problems you have that may affect your ability to participate in any aspect of this trip as described in the itinerary. (For example: allergies, diabetes, high blood pressure, etc.)

\_\_\_\_\_  
Emergency contact person: \_\_\_\_\_

Your relationship to this person: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Form Submission: Trip Sponsors should submit a copy of this completed form to the Office of Student Affairs and/or the Office of Academic Affairs no later than ten (10) working days (M-F) prior to departure and should keep an additional copy for their records.