

Southern Crescent Technical College

Student Activities

Self-Transportation Waiver

This form is to be signed by all students who are unable to utilize College transportation to an event and choose to obtain/provide their own transportation. This form must be completed, signed, and turned in to their Faculty/Staff Advisor prior to departure for the event.

Name of event: _____

Location(s) of event: _____

Date(s) of event: _____

Group attending event: _____

Faculty/Staff Advisor: _____

I, _____, am aware Southern Crescent Technical College has made transportation available to and from the above mentioned event and I have chosen to arrange for other transportation for the purpose of my transportation.

Student must initial each of the following statements signifying that they have read and understand them.

_____ I understand that I am responsible for all cost and expenses related to my transportation and parking.

_____ I hereby waive and release any and all claims, actions, causes of actions, and demands I may have, now or in the future, against Southern Crescent Technical College, their agents, employees, representatives, successors, assigns, or any persons operating by or on behalf of the College for, upon or by reason, of any damage, loss or injury which may be sustained by me in consequence of my transportation to and from the abovementioned event.

_____ This release extends and applies to all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability and the consequences of them, as well as those disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extent to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, is hereby expressly waived. I hereby agree and understand that the terms hereof shall be binding upon myself, my heirs, assigns, and personal representatives. All matters hereunder shall be resolved in accordance with the laws of the state of Georgia notwithstanding the location of the abovementioned event, the route of travel or the location of my personal residence. The terms hereof shall serve as a release and assumption of risk by my heirs, estate, executor, administrator, assignees, and all members of my family.

Print Name: _____ Student ID#: _____

Signature: _____ Date: _____
(If under 18, have parent/guardian sign below)

Parent/Guardian Signature: _____ Date: _____
Advisor must sign below signifying that the student has been informed and understand all items of this document.

Traveling Advisor Signature: _____ Date: _____