



CREATORS OF INCREDIBLE FUTURES

10.24.18

Office of Enrollment Management
1000 West Austin Boulevard
Nevada, MO 64772

I, _____ hereby allow my child _____
(print parent/guardian name) (print student's name)

to be transported to and from Cottey College in Nevada, Missouri, to participate in

_____ on _____. I understand that my
(name of event) (date/time)

my child will be transported by authorized Cottey College personnel in a College vehicle. I also understand that I must submit this signed form prior to the departure time for the above-named event or my child will not be able to participate. I fully understand that there are risks inherent in the normal course of travel and in participation in activities, and I realize that certain risks are unavoidable. I agree to assume the full risk of any injuries or damages or loss regardless of severity, which my child or their property may sustain as a result of traveling in transportation provided by Cottey College and during a field trip from Cottey College. I agree to waive, release and discharge Cottey College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries or damage or loss which my child may suffer or which may accrue to me on account of my child's participation on a visit off of Cottey College's campus. I hereby give consent and authority to Cottey College to obtain medical treatment for the above-stated student if she is injured or requires medical attention during participation in the visit. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless Cottey College from any claim whatsoever in connection with such treatment or other medical services. Please list any medical or health-related issues or concerns:

I have read and fully understand the aforementioned details, waiver and release of all claims against Cottey College.

Parent/Guardian Signature

Date

Parent/Guardian Address, City, State Zip

(_____)_____
Parent/Guardian phone number