

STUDENT TRAVEL WAIVER AND

HOLD HARMLESS AGREEMENT

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LSCS Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: Driver \_\_\_\_\_\_ Passenger \_\_\_\_\_\_

I, the above-named Student, am eighteen (18) years of age or older, and am voluntarily participating in the above Activity. I acknowledge that the Lone Star College System (“LSCS”) has offered to provide transportation to and from the Activity. However I have knowingly and voluntarily determined to not use such transportation, but rather drive my own vehicle or travel in the vehicle of another student. I understand and acknowledge that serious accidents sometimes occur during travel such as this, and that that my travel could result in loss of or damage to my property, injury to myself or to others, and/or death. I am aware of the inherent potential risks associated with such travel and am willing to assume these risks. I understand and acknowledge that LSCS accepts no responsibility for my travel and that my travel and any injuries or damages resulting therefrom are not covered by any LSCS insurance policies.

In consideration of my participation in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I hereby release LSCS, its governing board, officers, employees, and representatives (collectively the “Releasees”) from any and allliability for any and all claims and causes of action for loss or damage to my property, personal injury or death, that may result from or occur as a result of my travel. I further agree to indemnify and hold harmless the Releasees from liability arising from my tortious acts or omissions.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO PROPERTY THAT OCCURS WHILE TRAVELING TO OR FROM THE ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FROM MY TORTIOUS ACTS OR OMISSIONS.**

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

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Signature of Participant Date Signed

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Signature of Witness Date Signed