

**MONTGOMERY COLLEGE FIELD TRIP  
RELEASE AND WAIVER OF LIABILITY**

Release executed by:

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

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

Name of Field Trip: \_\_\_\_\_

Location of Field Trip: \_\_\_\_\_

Date(s) of Field Trip: \_\_\_\_\_

In consideration for permission to participate in the Field Trip listed above, I voluntarily release from liability and agree not to sue Montgomery College, its trustees, employees, or any students ("the RELEASEES") for any matter arising from my participation in the Field Trip listed above. I also intend for this Release and Waiver to bind members of my family and spouse, preventing them from suing the RELEASEES should something happen to me on the Field Trip.

I understand that I may sustain bodily injury or my personal property may sustain damage, whether caused by the negligence or carelessness of The RELEASEES or otherwise, while participating in the Field Trip or while in, on, upon, or in transit to or from the Field Trip location.

I have signed this waiver of liability with the full understanding of the dangers and hazards potentially involved in this activity. I also know that unanticipated dangers such as injury or death can occur. With full knowledge of the risks, I voluntarily agree to assume those risks and hold harmless the RELEASEES.

I understand and agree that the RELEASEES do not have medical personnel available at the location of the activity. I understand and agree that the RELEASEES are granted permission to authorize emergency medical treatment on me, if necessary, and I further agree that RELEASEES assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I further agree that this agreement shall be construed in accordance with the laws of the State of Maryland. If any term or provision of this document is illegal or unenforceable, the validity of the remaining portions shall not be affected.

By signing below, I acknowledge that I have fully informed myself of the contents and binding nature of this document. I have read it and I certify that I am eighteen (18) years of age.

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**Printed Name of Student Participant**

**Signature of Student Participant**

**Date**

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**Printed Name of Parent (if student is under 18)**

**Signature of Parent**

**Date**