

Student Waiver of Liability Form

Policy Referral

This form relates to the [Student Field Trips Policy 1.1.3](#). Please review the full policy on the Coquitlam College website to ensure you fully understand and comply with all guidelines.

Instructions

1. This form must be completed by all students participating in a field trip organized by Coquitlam College.
2. If the student is under 19 years of age, a parent or legal guardian must sign and complete the form.
3. Ensure all sections of the form are filled out completely and accurately.
4. Submit the completed form to the instructor or designated staff member prior to the field trip.

FIELD TRIP DETAILS		
Field Trip Destination	Departure Time	
Field Trip Date	Return Time	
Field Trip Details (activities involved)		
STUDENT INFORMATION		
Legal Last Name (Family Name)	Legal First Name (Given Name)	Student #
EMERGENCY CONTACT INFORMATION		
Name	Telephone Number	
Relation to Student	Alternative Contact Information	
AUTHORIZATION & WAIVER		
<p>I, _____ hereby agree to participate in the field trip organized by Coquitlam College.</p> <p style="text-align: center;">[print name]</p> <p>I agree that I am responsible for any risks associated with attending this field trip, and I hereby release and hold harmless Coquitlam College, its employees, and representatives from any and all liability, claims, or demands that may arise in connection with my participation.</p> <p>I confirmed that I have health insurance to cover any medical costs in the event that I am injured during this field trip.</p> <p><input type="checkbox"/> I have no health-related conditions that would prevent me from safely participating in this field trip.</p> <p>Insurance Provider: _____</p> <p>Insurance Expiry Date: _____</p> <p><input type="checkbox"/> I am over 19 years of age.</p> <p><input type="checkbox"/> I am under 19 years of age (<i>parent/guardian signature required below</i>).</p> <p>During this field trip, I agree to follow all Coquitlam College policies, including those related to student conduct and academic integrity, throughout the duration of the trip. These policies are available at: coquitlamcollege.com/about-us/policies</p> <p>By signing below, I confirm that the information I have provided is accurate and complete. I have read and understood the terms outlined above and accept full responsibility for my participation.</p>		
Student Signature	Date (yyyy/mm/dd)	

Office of the Registrar, Coquitlam College | Vancouver Campus
300 - 2920 Virtual Way, Vancouver, BC Canada V5M 0C4

PARENT/GUARDIAN CONSENT (REQUIRED FOR STUDENTS UNDER 19 YEARS OF AGE)	
Parent/Guardian Name	Relation to Student
Parent/Guardian Signature	Date (yyyy/mm/dd)