

VICTORIA  
COLLEGE

Club/Organization or Instructional Travel/Activity  
Consent Release/ Emergency Contact Form

1. I, \_\_\_\_\_, understand that I am voluntarily participating in  
First Name M.I. Last Name

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

(the "Activity") and that I am not required to participate in the Activity. The following consents and release are given in consideration of my participation in the activity listed above.

- 2. I hereby agree to conduct myself in conformance with policies established by the College and the directives of any applicable club sponsors or other applicable College approved and designated supervisor attending the Activity.
- 3. I hereby give my consent to participate in the Activity. I consent to and authorize the College and its agents, servants, and employees to take any action the College deems prudent for my participation in the Activity. I understand the Activity may pose the risk of serious injury to me including permanent injury or death and knowing the risk, I give my consent to participate in the Activity.
- 4. I hereby agree to release, hold harmless and indemnify the Victoria College and its agents, servants, and employees from any and all loss or liability (including attorneys' fees) resulting from or relating to my participation in the Activity and any transportation relating to the Activity whether by motor vehicle or otherwise, including loss or liability due to any negligence or gross negligence of any of them.
- 5. It is my intent in executing this consent and release to waive any and all rights that I may have against the Victoria College and its agents and employees that arise from my participation in the Activity. I am voluntarily executing this consent and release without any promises or representations other than those contained herein.

**Initial here if you are a currently enrolled VC student & 18 years or older? \_\_\_\_\_**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT INFORMATION**

**(Please Print)**

\_\_\_\_\_  
FIRST NAME LAST NAME RELATIONSHIP

\_\_\_\_\_  
HOME PHONE WORK PHONE CELL PHONE

\_\_\_\_\_  
ADDRESS (Line 1)

\_\_\_\_\_  
CITY STATE ZIP

**This Information is to be:  
Filed in the Student Life Office for Club/Organization Activities  
OR Filed with the Dean of Instruction for Instructional Activities  
AND Used Only for Emergencies.**