

# TRAVEL WAIVER

NAME: \_\_\_\_\_ ID VERIFIED: \_\_\_\_\_

DATE: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

I WILL BE:

- Arranging my own transportation to and from the following event or activity.
- Arranging my own transportation to the following event or activity, but will be travelling with the group on the way home.
- Travelling with the group on the way to the event or activity, but will be arranging my own transportation home.

EVENT/ACTIVITY: \_\_\_\_\_

DATE: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

I understand that I absolve the Student Association at Durham College & UOIT (SA) of any and all responsibilities. I hereby release, waive, and discharge the SA Board of Directors, officers, employees, and voluntary officials of and from all claims, demands, actions, and caused of action, in respect to death, injury, loss of damage, to my person and/or property.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SA MANAGEMENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_