

## ASSUMPTION FOR RISK AND RELEASE FOR COLLEGE SPONSORED GROUP TRAVEL

I, the undersigned, accept my child's participation in this program and understand that I am accountable for all program fees. I acknowledge that I am responsible for my child's personal conduct and that I can be dismissed from the program for violation of program rules.

1. **PERSONAL CONDUCT.** Grand Rapids Community College, through its official representatives, including, but not limited to, a Program Director, has the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program, including free time. Should an official representative of GRCC decide that a participant must be dismissed from the program because of violation of any stated rules or the College's published Code of Conduct, for disruptive behavior, or for any conduct that might bring the program into disrepute or its participants into legal jeopardy, that decision will be final. Persons dismissed from the program will remain responsible for all program costs incurred on their behalf and any additional costs resulting from their dismissal and early departure.

2. **INSURANCE COVERAGE.** **I understand that GRCC does not provide any health, accident, or hospitalization insurance for students participating in College Sponsored Camps.** I have been encouraged to have health, accident, and hospitalization insurance during my child's participation in the College Camp program.

3. **TRAVEL.** I understand that I will be traveling during the program by various modes of transportation including bus or van, and I release GRCC and its official representatives from any responsibility for loss of property, injury or death during such travel.

4. **GENERAL RELEASE AND WAIVER.** In consideration of participating in the College Sponsored Summer Camp program offered through Grand Rapids Community College I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in traveling and to which my child may be exposed during participation in this activity/program, do hereby agree to assume all the risks and responsibilities surrounding my child's in the program or any independent activities undertaken hold harmless, indemnify and release, and forever discharge all its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of Grand Rapids Community College, its officer, agents, or employees during the period of my participation as aforesaid.

5. **NOTICE OF AVAILABILITY.** A copy of the GRCC's Annual Security Report (ASR) is available for review. This report is required by the federal law and contains statistics for the previous three years concerning reported crimes that occurred on-campus; in certain non-campus buildings or property owned and controlled by GRCC; and on public property within, or immediately adjacent to and accessible from the campus. The ASR also includes institutional policies concerning campus security, such as policies concerning sexual misconduct, emergency procedures, and other matters. This report is available online at <https://www.grcc.edu/annual-security-report>. You can also request a hard copy by visiting the [GRCC Police](#). If you would like to receive a printed copy of the ASR, you can stop by the GRCC Police Department at [25 Lyon Street NE](#) or you can request a copy be mailed to you by calling [\(616\) 234-4012](tel:6162344012). Title IX of the Education Amendment Act of 1972 requires that all entities receiving federal funds or financial assistance prohibit sex discrimination and sexual harassment in their education programs and activities. Learn more about Title IX at <https://www.grcc.edu/generalcounsel/titleix>.

*I have read this release, thoroughly understand it, and have asked questions if I did not understand it. My signature below indicates my complete and willful consent.*

NAME of Participating Student (Please print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ DATE \_\_\_\_\_