



St. John Fisher College
Division of Student Affairs
OFF CAMPUS GROUP TRIP RELEASE FORM

I release St. John Fisher College from responsibility for personal injury or liability while in engaged in the _____ trip on _____ sponsored by _____. I understand that I must comply with St. John Fisher College Student Code of Conduct. I assume responsibility for my own actions and will respect all aspects of the trip, including the decisions of the trip coordinator, members and the host location. By signing, I also assume responsibility for my capability to participate.

I have read and understand the terms of this agreement and release and agree to all terms and conditions.

NAME	SIGNATURE	DATE	PHONE #	EMERGENCY CONTACT (name & #)

Trip Coordinator: Please attach itinerary

THIS FORM MUST BE COMPLETED & RETURNED 5 DAYS PRIOR TO TRAVEL.

Return to: _____