## **ACTIVITY RELEASE FORM**

This form is to be completed by all students traveling off campus to a College-sponsored event such as field trips, field experiences/internships, entertainment functions, intramural events, or club athletics. Form should be completed by participants prior to the activity. Signed forms will be kept by the person/department in charge of the activity for at least three years.

Name of Student	
Work e-mail address	College e-mail address
The student signed below voluntarily desires to p	participate in the following activity:
Work-Based Learning, Field Experience, Practicum (Name of Activity)	n, Cooperative Placement
this activity may result in loss of life and/or limb and/o	
the student voluntarily assumes all risks of accident or State College, it's agents, and employees from any clai	s activity and receiving educational and other benefits from the activity personal damage to his or her property and releases James A. Rhodes im, liability, or demand of any kind sustained, whether caused by ents, employees, or otherwise. The release shall be binding upon any dersigned.
The undersigned, by signing this release, certifies that	he or she has read and fully understands the conditions provided.
Date	Student's Signature
Date	Parent's Signature (if student is under 18 years)
CODE OF	STUDENT CONDUCT
I fully and completely understand that I must follow th	e Rhodes State College Code of Student Conduct during this activity. vity as well as time associated with the activity. I agree to uphold this
Date	Student's Signature

Please complete online, print, deliver or email to faculty advisor