## **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	
Personal E-mail Address	Rhodes State E-mail Address
The student signed below voluntarily	desires to participate in the following activity:
Clinical, Field Experience, Fieldwork (Name of Activity)	, Internship, Practicum
that participation in this activity may relate that in consideration of participation the activity the student or her property and releases James Aclaim, liability, or demand of any kind institution, their agents, employees, cadministrators, executors, and assign	hazards which may arise through participation in this activity and result in loss of life and/or limb and/or property of the student. articipating in this activity and receiving educational and other voluntarily assumes all risks of accident or personal damage to his A. Rhodes State College, it's agents, and employees from any I sustained, whether caused by negligence of the aforementioned or otherwise. The release shall be binding upon any heirs, as of the undersigned.
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Date	Student Signature
Date	Parent Signature (if student is under 18 years)
I fully and completely understand that during this activity. This includes the	CODE OF STUDENT CONDUCT It I must follow the Rhodes State College Code of Student Conduct time to and from the site of the activity as well as time associated this code and represent Rhodes State College to the best of my
Date	Student Signature

Please complete online, print, and deliver or email form to program chair