

## STUDENT PRIVATE AUTO AGREEMENT

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
(Please Print Or Type)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CAMPUS ORGANIZATION/COURSE TRAVELING FOR: \_\_\_\_\_

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

PURPOSE: \_\_\_\_\_

\_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

IF YOU ARE A PASSENGER WITH A STUDENT, GIVE THEIR NAME: \_\_\_\_\_

### RELEASE

As a student/participant of Chipola College;

I wish to drive my own personal vehicle/ride as a passenger with another student in their personal vehicle, (circle one) to the above stated activity. I do willingly execute this release in the consideration of the educational benefit to be derived by me by my participation. I hereby release from liability and hold Chipola College harmless from any and all claims and causes of action which might be brought by me or my parents or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Chipola College. It is understood that Chipola College as used herein shall include the employees, administrators, agents, and Board of Trustees of Chipola College.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT / PARTICIPANT

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**FOR STUDENTS/PARTICIPANTS UNDER THE AGE OF 18:**

**I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**AGREEMENT FOR OFF-CAMPUS ACTIVITY  
NOT CHAPERONED BY THE COLLEGE**

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

*(Please Print Or Type)*

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CAMPUS ORGANIZATION/COURSE TRAVELING FOR: \_\_\_\_\_

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

PURPOSE: \_\_\_\_\_

\_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

**RELEASE**

As a student/participant of Chipola College, I do willingly execute this release in the consideration of the educational benefit to be derived by me by my participation in the above stated activity. I hereby release from liability and hold Chipola College harmless from any and all claims and causes of action which might be brought by me or my parents or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Chipola College. It is understood that Chipola College as used herein shall include the employees, administrators, agents, and Board of Trustees of Chipola College.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT / PARTICIPANT

\* \* \* \* \*

**FOR STUDENTS/PARTICIPANTS UNDER THE AGE OF 18:**

**I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN