WAIVER AND RELEASE

The undersigned intends to participate in the following field trips this semester:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The undersigned hereby releases the Madison Area Technical College District and all of its employees and agents from any and all liability or damage arising from any accident, injury, sickness, or fatality when the undersigned is participating in any activity relating to the above described trip(s), except when such accident, injury, sickness or fatality is covered by District insurance, in which case the undersigned’s claim shall not be greater than that which such insurance coverage affords.

Dated this________ day of ____________________________, 20______.

____________________________________________________________
Signature

____________________________________________________________
Street Address

____________________________________________________________
City, State, Zip

The undersigned instructor hereby acknowledges receipt of a true copy of this Waiver and Release form.

Signature ____________________________ Date ____________________________

(The bottom signature indicates that you have received a copy of this waiver for your records)

NOTE: Because this class may take more than one field trip during the semester, this form is used as a waiver for all field trips taken during the semester.