

# Activity/ Field Trip Sign-up Form



Today's date: \_\_\_\_\_ Date of activity/ trip: \_\_\_\_\_

Activity/ event you are signing up for:

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Ivy Tech Student \_\_\_\_\_ Ivy Tech Staff/ Faculty \_\_\_\_\_ Guest: of student or staff/faculty

Campus: \_\_\_\_\_ E-mail: \_\_\_\_\_

Daytime Phone : \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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- If there is a **fee involved**, take this form to your **campus business office** and pay your fee by the deadline. The business office will forward the completed form to the Office of Student Life at the Gary campus.
  - If **no fee** is involved, ask your **Office of Student Affairs** to forward this form to the Office of Student Life/ Gary.
  - If a reduced fee is involved, **reduced fees** are for **Ivy Tech students only**. However, not all activities/ trips will be offered at a reduced cost to students. Faculty, staff and any guests must pay the full cost of any activity/ trip.
  - Regional Student Life activities and trips are open to **Ivy Tech students first**. Faculty, staff and guests will be placed on a reserve list and notified after the student deadline if space is available.
  - **Fees paid are non-refundable**. On occasion, there are extenuating circumstances, in which case the Dean of Student Affairs must grant approval of a refund.
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I, \_\_\_\_\_, acknowledge that my participation in this school-related event, trip and/or activity is *voluntary* and that Ivy Tech Community College of Indiana is not responsible for damages or theft to my property while participating in this activity/ trip. I further understand that I do hereby fully and irrevocably release, waive and discharge Ivy Tech Community College of Indiana, its trustees, officers, employees, volunteers, agents and assigns from any and all claims for injuries, including death, to myself or other persons and from any and all claims for damages to my or other persons' property, arising out of or in any way relating to my participation. It is acknowledged and understood that I am responsible for the cost of any and all medical and health services I may require as a result of such participation. Further, I hereby agree to indemnify and at Ivy Tech's request, defend and save harmless, Ivy Tech Community College of Indiana, its trustees, officers, employees, volunteers, agents and assigns from and against any loss, damages, costs, claims or expenses arising from any actual or claimed death or injury to any person or actual or claimed damage to property, whether owned by me, Ivy Tech Community College of Indiana, or third parties, including loss of use, that actually or allegedly results from my conduct, by act or omission, relating to my participation in said event, trip or activity.

**I HAVE READ AND I UNDERSTAND THE ABOVE STIPULATIONS AND THIS RELEASE AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Business Office:

The above named person paid the amount of \$ \_\_\_\_\_ for the above named activity or event and is paid in full.

\_\_\_\_\_  
Signature of Business Office Staff

\_\_\_\_\_  
Date