BISMARCK STATE COLLEGE | North Dakota's Polytechnic Institution

1500 Edwards Avenue
PO Box 5587
Bismarck, ND 58506-5587
701.224.5400

Bismarck State College Student Travel Contract

This contract is between Bismarck State College and

Student Name: _____

Group/Organization: _____

Name of Event: _____

Destination: _____

Dates of Event (including travel): _____

Financial Obligations

Certain financial responsibilities apply when agreeing to participate in this trip. Please read and initial each statement:

_____ I understand that the estimated cost of my trip is $_____.

_____ I have paid a deposit of $_____.

_____ I understand that any remaining balance will be charged to my student account, and I am responsible for full payment.

Participation Obligations

Participation in this trip is a privilege and may be revoked if the following standards are not upheld. Please read and initial each statement:

_____ I understand that as a representative of the above-named organization, Bismarck State College, and the State of North Dakota, I am expected to conduct myself professionally and safely throughout the trip.

_____ I will arrive on time for all scheduled travel departures. I understand that failure to do so may require me to arrange alternate transportation at my own expense.

_____ I will check in with the designated BSC chaperone(s) before departure, whenever I leave or return to the conference site or hotel/residence, and I will not venture out alone.

_____ I will attend all scheduled events listed in the itinerary unless I am ill. Any changes to the itinerary must be approved by the designated BSC chaperone(s).

_____ I will follow all dress codes established by the designated BSC chaperone(s).

_____ I understand that I am subject to all laws and regulations of the state or local government where the event is held and may face legal consequences for violations.

_____ If a designated BSC chaperone determines that I must return home due to misconduct or illness, I understand that I am responsible for all associated costs and may be required to reimburse the College for additional expenses.

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_____ I understand that I am subject to arrest and legal sanctions for alcohol or drug-related offenses under local laws and the BSC Student Code of Conduct.
_____ If any issues arise, I will immediately seek assistance from the designated BSC chaperone(s).
_____ I understand that I am bound by all Bismarck State College policies and will adhere to them.

Emergency Contact Information

Name(s): _____

Relationship: _____

Phone Number(s): _____

Address: _____

Missing Person Information

Name: _____

Relationship: _____

Phone Number(s): _____

Address: _____

Student Information

Name: _____

Phone Number: _____

☐ Yes ☐ No / N/A I have informed the BSC chaperone(s) of any medical concerns that should be known.

By signing below, I agree to the conditions outlined above for participation in this trip.

Printed Name: _____

Signature: _____

Date: _____

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WAIVER of LIABILITY, INDEMNIFICATION, and MEDICAL RELEASE

Acknowledgement and Assumption of Risk

I am aware of the dangers and the risks to my person and property involved in participating in:

_____

I understand that this activity involves certain risks for physical injury, including, but not limited to:

_____

_____

In addition, I understand that my participation in this travel involves activities and risks incidental thereto including, but not limited to, travel to and from the site of the activity, participation at the sites that may be remote from available medical assistance, and exposure to the possibly reckless conduct of other participants.

I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in this activity. I recognize the importance and agree to fully comply with the applicable laws, policies, rules, and regulations, and any supervisor's instructions regarding participation in this activity.

I understand that the college does not ensure participants in the above-described activity, that any coverage would be through personal insurance, and the college has no responsibility or liability for injury resulting from this activity. Nevertheless, I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, and death.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-reference intramural event, on behalf of myself, my personal representatives, heirs, next of kin, successors, and assigns, I forever:

1. **Waive, release, and discharge the State of North Dakota** and its agencies, officers, and employees from all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the activity for which I have signed up.

2. **Indemnify, save, and hold harmless the State of North Dakota** and its agencies, officers, and employees of, from and against all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during this activity or event.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Participant Printed Name: _____

Participant Signature: _____

Date: _____