

## Off-Campus Activity Alternative Transportation Waiver

It is the understanding of Cambrian College ('the College') that you have elected to make alternative transportation arrangements and will not participate in those made by the College as part of the Off-Campus Activity for the course.

### Off-Campus Activity Details

Program		Course (if applicable)	
Name		Title	
Code		Code	
Off-Campus Activity			
Description			
Location		Date (s)	To and from

It is, therefore, understood that you accept full responsibility for travel arrangements and the associated costs and risks. The College is not responsible for any bodily injury or property damage that may arise out of these alternative arrangements.

Please affirm your understanding by reading the following statement and signing below.

**I understand that transportation arrangements in reference to the above-mentioned Off Campus Activity are available to me and I have declined these arrangements. I accept full responsibility and all risks for making my own travel arrangements. I hold Cambrian College, its governors, agents, officers and employees harmless from any claim by anyone for bodily injury, property damage, or other damage which may arise out of my alternative travel arrangements.**

Student			
Full Name		Student ID#	e.g. A00055568
Signature		Date	Day/Month/Year
Witness			
Full Name		Student ID#	
Signature		Date	Day/Month/Year