

## Voluntary Off-Campus Activity Liability Waiver

I understand that I am voluntarily participating, with fellow students and faculty members of Cambrian College, in an Off-Campus Activity, that is not a requirement for me to graduate from my program. I acknowledge that I choose to participate in this off-campus activity, whether I travel with the group or by independent means, and that I have been advised that I am not covered by Cambrian College insurance for the period of the trip.

### Off-Campus Activity Details

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

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

**I hereby voluntarily release and forever discharge Cambrian College, its governors, agents, officers, and employees harmless from any claim by anyone for bodily injury, property damage, or other damage or loss, or for official action against me, which may arise out of, or are in any way, connected with my participation in this Off-Campus Activity.**

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