****

**Student Event Participation Contract for Recurrent Travel Activities**

**PERSONAL INFORMATION**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, am aware of and assume responsibility for my actions in participating in the following activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Activity/Sport

Quarter beginning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAVEL RULES – ACKNOWLEDGEMENT OF STUDENT CONDUCT**

Students traveling as part of a Clark College activity are seen as representatives of the college and their conduct during the course of travel is of utmost importance. The student therefore agrees to conform to the Clark College Code of Student Conduct (132N-121 WAC) and to all applicable rules, regulations and policies of Clark College and the State of Washington. The student further agrees to regular attendance at all scheduled events for which the travel/conference/event entails and to the following terms:

1. No alcohol or drugs allowed per Code of Student Conduct. Violators may be sent home immediately, at their own expense.
2. Students should always travel with another student during free time. Students are not allowed to go on any excursions alone.
3. Any damage done to hotel rooms or other property shall be paid for by the responsible students.
4. Attendance at all planned group activities and events associated with this travel activity is required.
5. Travel to and from the conference/event/activity with the College travel group is required. Students are not allowed to extend their stay and/or travel separately from the group.

I understand that this activity is voluntary and that I have chosen to participate of my own free will. I accept all responsibilities and understand that behavior inconsistent with this agreement will result in disciplinary action to include reimbursement to the Associated Students of Clark College for all fees and associated travel, lodging and meal costs (this includes the cost(s) for any arrangements made by the College which the College is unable to recover the cost of as a result of your cancellation).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Program Director/Advisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian Name (Print) Parent/Guardian Signature Date   
 *(Required if student is under18)*

Parent/Guardian Name Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Name E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_