

**Central Texas College District
Acknowledgement of Notification
Possible Hazards**

This is to notify student of the possible hazards involved in _____ Club, program/activity/field trip [hereinafter "Activity"].

1. Central Texas College District [hereinafter "CTCD"] does **not** provide insurance coverage for students for any loss including, but not limited to, general liability, automobile, or health care insurance in the event of an accident or injury arising from the Activity and transportation associated with the Activity. Students are encouraged to ensure they have their own sufficient health care and other insurance coverage prior to engaging in the Activity.

2. Participation in the Activity may expose student to hazards that could pose a bodily threat such as allergic reactions, skin or body tissue irritation, or poison due to insect bites, stings, or exposure to snakes, including possible venomous snakes, or other wildlife, or plants such as poison ivy.

3. Participation in Activity may take student to an area where there is no readily available hospital or other health care provider.

4. Student is informed that the CTCD instructor[s] conducting this Activity will maintain and carry basic first aid supplies only, not including aspirin, Tylenol or other pain medication.

5. Student is advised to bring sufficient quantities of any medication needed with them for the Activity and longer in the event there is a delay in their return from the Activity. Likewise, if student knows [s]he is allergic to any plant, insect, animal or other matter [s]he is advised to bring allergy medication along on the Activity in the event of exposure.

6. Student may voluntarily give permission to instructor to administer medication in case of an emergency. To do so, student must sign a waiver of liability for CTCD and instructors and provide all such medication in its original container with the original prescription label. Prior to Activity, student must provide instructor with written information about last dosage taken and any side effects possibly encountered with this medication and any other medications student is taking.

Student is requested to VOLUNTARILY list all allergies [including food, plants, insects, drug allergies and other matter] and medical conditions you are aware of:

Student is requested to VOLUNTARILY list all medications you are taking along with dosage and dosing information:

I hereby acknowledge that I have read and understand and have been given a copy of the information provided to me in this Notification.

_____ Date: _____

Student Signature (if at least 18 years of age)

Print Student's Name

_____ and _____
Both Parent[s] Signatures[s] as applicable (if student is a minor)

_____ and _____
Print Parents' Names

Date: _____