Texas A&M Bus Trip Application

Texas A&M University

MAVERICK BUS TRIP

Friday, April 27 (7:00 a.m. - 5:00 p.m.)

If you plan to transfer to a university, this road trip is for you! You will participate in an exclusive tour of Texas A&M University, enjoy a free lunch on campus, and get the chance to ask all of your transfer-related questions. This fantastic opportunity is at no cost to you!

To be eligible for this opportunity, students must have:

- A 2.5 cumulative GPA
- Completed 24 transferable hours by the end of Spring 2018

(Please print legibly!)

Name: ____________________________________________

Student ID: _______________________________________

Phone: ___________________________________________

Email: _____________________________________________

Major/Area of Study: _______________________________________

When do you plan to transfer? ____________________________

What transfer institutions are you considering? ________________

Turn in completed application to the TRAC Center no later than 5:00 p.m. on Friday, April 20th. You will receive an email within two business days informing you of your application status. Students must meet the criteria stated above to participate. Seats will be filled on a first-come, first-served basis.

Students who participate in the trip must attend one mandatory pre-trip meeting, which will be held in the TRAC Center on Monday, April 23 (1:00), Tuesday, April 24 (2:00), or Wednesday, April 25 (3:00). Have questions? Please visit the TRAC Center or contact Erin.Anderholm@lonestar.edu, Tara.Devoley@lonestar.edu, Juan.C.Lebron@lonestar.edu, or Carmelle.B.White@lonestar.edu with questions.

For administrative use only:

Date Received: ____________________________

☐ Meets GPA Requirement
☐ Meets Credit Hour Requirement
☐ Application accepted
☐ Application placed on waitlist
☐ Application denied
PARTICIPANT RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (Name and Address)

COLLEGE
Lone Star College
College or Dept. Lone Star College- Montgomery
TRAC CENTER

DESCRIPTION OF COURSE/ACTIVITY/TRIP:
TEXAS A&M UNIVERSITY BUS TRIP

LOCATION: LSC-Montgomery to College Station (Texas A&M University)

START DATE: Friday April 27, 2018

I, the above-named Participant, am eighteen (18) years of age or older, or if a minor, I have obtained the written approval below of my parent or legal guardian, and have voluntarily applied to participate in the above Course/Activity/Trip. I acknowledge that the nature of the Course/Activity/Trip may expose me to hazards or risks that may result in my illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that I am physically able, with or without accommodation, to participate in the above-referenced Course/Activity/Trip, am able to use the equipment and/or supplies associated with the Course/Activity/Trip, and have obtained all required immunizations.

In consideration of my participation in the Course/Activity/Trip, on behalf of myself, my family, heirs, and personal representative(s), I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named College, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Course/Activity/Trip, whether caused by negligence of the Releasees, or otherwise. I further agree to indemnify and hold harmless the College and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Course/Activity/Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED COURSE/ACTIVITY/TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

I understand and agree that Releasees do not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this
Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this Release and hold harmless Agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in the Course/Activity/Trip.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless Agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the College does not require me to participate in this Activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age, or have obtained the written approval below of my parent or legal guardian, and am fully competent to sign this Agreement; and that I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in the Course/Activity/Trip.

Should I require emergency medical treatment as a result of accident or illness arising during the Course/Activity/Trip, I consent to such treatment. I acknowledge that the College does not provide health and accident insurance for participants in the Course/Activity/Trip and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify College representatives in writing if I have medical conditions about which emergency medical personnel should be informed.

I authorize the College to use or show any photos of the event which include me or my likeness.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby. The term of this Release will expire on the End Date specified above and in no case will the term be more than one year from the Start Date.

______________________________
Signature of Participant

______________________________
Date Signed

Parental/Guardian Consent: (Must be completed for students under the age of 18)

I hereby certify that I am the parent or legal guardian of the above-named participant and I have read and understand the above statements and agree to the terms and stipulations.

______________________________
Signature of Parent/Guardian

______________________________
Date Signed

Note: Modification of This Form Requires Approval of the LSC OGC.
PARTICIPANT'S MEDICAL INFORMATION AND
AUTHORIZATION FOR MEDICAL TREATMENT

SECTION ONE - Medical Information

Name of Program: LSC-M Texas A&M Bus Trip
Participant Name: ____________________________
(Last, First, Middle)
Participant ID #: ____________________________
Phone # (Daytime): ____________________________
Phone # (Evening): ____________________________

** Use of drugs or alcohol on a College-sponsored trip will not be tolerated under any circumstances and may be grounds for Participant's dismissal from the Program.

SECTION TWO - Medical Authorization for Treatment

I, ____________________________, (Participant, please print name) consider myself adequately, physically and mentally healthy to take full responsibility in case of illness or disability and prefer not to supply any of the following medical information or authorization for medical treatment.

Signature of Participant ____________________________ * Date ____________
If Applicant is under 18 years of age:
Parent or Legal Guardian Signature ____________________________ Date ____________

SECTION THREE - Other Medical Information

A. Medical Information:

1. Please list any allergies or allergic reactions to antibiotics or other medications of the above Participant:

2. Please list any medications the above Participant is now taking:

3. Date of Participant's most recent tetanus shot: ____________________________

4. Other pertinent medical information: ____________________________
B. Health Insurance:
1. Medical Insurance Company: ________________________________
2. Insurance Company Policy #: ________________________________

C. Immunizations:
Please list any immunizations Participant has taken and list the dates:

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D. Emergency Contacts: *Please print legibly*

Parent(s)/Guardian(s):
Name (1):
Phone Number (Daytime): ____________
Phone Number (Evening): ____________

Name (2):
Phone Number (Daytime): ____________
Phone Number (Evening): ____________

Other Contact:
Name:
Phone Number (Daytime): ____________
Phone Number (Evening): ____________
Relationship: ______________________

Participant’s Primary Physician:
Name:
Phone Number (Daytime): ____________
Phone Number (Evening): ____________
D. Emergency Medical Authorization

I, the undersigned, in the event of an emergency whereby Participant sustains an injury or illness, do hereby authorize the Lone Star College System, its agents or representatives, to consent, on my behalf, to any necessary medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the LSCS and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney's fees, that may result from my negligent or intentional act or omission, which arise out of, occur during, or are in any way connected with my participation in the Program, any related or independent travel, any activities or field trips, irrespective of whether they are sponsored, supervised or controlled by the LSCS.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTOOD THIS MEDICAL INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT FORM AND THAT I AGREE TO EVERYTHING STATED IN IT. FURTHER, NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS, ORAL OR WRITTEN, APART FROM THE FOREGOING WRITTEN STATEMENT, HAVE BEEN MADE. MY SIGNATURE ALSO INDICATES THAT I AM AWARE OF ANY SPECIAL RISKS, DANGERS, AND HAZARDS INVOLVED IN THE PROGRAM.

Participant’s Name (print)  Date
Participant’s Name (signature)  

If Applicant is under 18 years of age:

I, ________________________________________________, (please print name) am the parent or legal guardian of the above Participant. I have read and understand the foregoing Medical Information and Medical Authorization Treatment Form.

Parent or Legal Guardian Name (print name)  Date
Parent/Guardian’s Name (signature)  

Date