



## TIME AWAY FORM

PARTICIPANT NAME: \_\_\_\_\_

LONE STAR COLLEGE: \_\_\_\_\_

COLLEGE PROGRAM: \_\_\_\_\_

TRAVEL LOCATION: \_\_\_\_\_

DATE (S): \_\_\_\_\_

DESCRIPTION OF TRAVEL: \_\_\_\_\_

I, the above name Participant am enrolled as a participant in the Lone Star College program mentioned above. The program will take place from \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_. I have reviewed and considered the seriousness of the consequences of this statement and the intent to be bound by this statement. I will be:

1. Traveling independently to the destination & joining the college group on: \_\_\_\_\_; or
2. Traveling independently during the program to: \_\_\_\_\_; or
3. Returning independently & leaving the college group on: \_\_\_\_\_.

During the period of time when I will not be with the College Program group, I am assuming full responsibility for my safekeeping and welfare. I acknowledge and understand that 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 Travel,

In signing this Release form; and the Study Abroad Participant agreement, 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 Travel, 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.

SIGNATURE: \_\_\_\_\_  
(Participant)

DATE: \_\_\_\_\_

**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: \_\_\_\_\_  
(Parent or Guardian if Participant is a minor)

DATE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

I have reviewed this request, and have decided to Approve \_\_\_\_\_ the Travel.

I have reviewed this request, and have decided to Deny \_\_\_\_\_ the Travel.

PROGRAM DIRECTOR SIGNATURE: \_\_\_\_\_

PROGRAM DIRECTOR (Print Name): \_\_\_\_\_

DATE: \_\_\_\_\_

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***Note: Modification of this Form requires approval of OGC***