

SIGN-UP FORM FOR MONTGOMERY PLAY TRIP April 25-26, 2020

PLEASE PRINT LEGIBLY !!

Name _____ GHC ID # (for student/staff) _____

Cell Phone # (____) _____ Work Phone # (____) _____

Home Phone # (____) _____ E-Mail _____

Emergency Contact: Name/Relationship to you _____

Phone Number # _____

Gender: _____ Male _____ Female

Status: _____ student _____ faculty _____ staff _____ guest (if guest, guest of whom?) _____

Home address (include ZIP!): _____

Course # & instructor if you are asking for extra credit: _____

On which location do you attend classes? _____ Floyd _____ Cartersville _____ Heritage _____ Marietta _____ Douglasville _____ Paulding

Automobile Information (for cars parked overnight on the trip):

Make: _____ Model: _____ Color: _____ Tag#: _____

Choice of trip fee (based on motel lodging, per person, per room--all rooms have two double beds--no rollaways are available)

NOTE: No Coed Room arrangements, unless you are traveling with a spouse.

____ (single) \$220 _____ (double) \$160 _____ (triple) \$140 _____ (quadruple) \$130

All rooms are non-smoking due to hotel policy. Smoking may be done in the outside designated areas only.

Names of requested roommates: (each must fill out a separate sign-up form and pay \$50 deposit to hold space in the trip)

1. _____ 2. _____ 3. _____

If you don't request roommates by name or the roommates requested don't register for the trip, the DSL will assign roommates for you. Please understand that you may be responsible for the double occupancy rate (\$160) if additional roommates are unavailable.

_____ **Please check here if you have any disabilities which may require special arrangements.**

Please list accommodations needed throughout the trip: _____

NOTE: GHC campus policies on alcohol use apply to this trip, which means no one (student and non-students) of any age may use alcohol during the trip.

The \$50 deposit becomes non-refundable on March 9. The balance is due and non-refundable on April 1. However, after April 1, we will try to find someone to go in your place if you notify us promptly that you need to cancel so that a refund may be made.

-----OFFICE USE ONLY-----

Cost of trip: \$ _____ Deposit amount paid \$ _____

cash or check Date: _____ Received by _____

Balance due: _____ Date paid in full: _____

cash or check Received by _____

NAME: _____

Jason's Deli – Sunday Lunch

Please indicate your choice of sandwich for Sunday's boxed lunch, which is included in the trip fee. All boxed lunches (except veggie wrap) come with lettuce, tomato, pickle, and plain chips. Check one item in each category:

Sandwich Meat Choice:

- _____ **Roasted Turkey Breast**
- _____ **Smoked Turkey Breast**
- _____ **Roast Beef**
- _____ **Ham**
- _____ **Chicken Salad (with Almonds & Pineapple)**
- _____ **Tuna Salad (with eggs)**
- _____ **Spinach Veggie Wrap (with guacamole, pico de gallo, mushrooms, and Asiago in a Organic wheat wrap, with a side fruit cup)**

Sandwich Bread Choice:

- _____ **Multigrain Wheat**
- _____ **Country White**
- _____ **Rye**
- _____ **Gluten-Free (must also choose Gluten-Free Dessert)**

Dessert Choice:

- _____ **Cranberry Walnut Oatmeal Cookie**
- _____ **Chocolate Chip Cookie**
- _____ **White Chocolate Macadamia Nut Cookie**
- _____ **Sugar Cookie**
- _____ **Fudge-Nut Brownie**
- _____ **Gluten-Free Dessert (must also choose Gluten-Free Bread)**

Drink Choice:

- _____ **Can Coke**
- _____ **Can Sprite**
- _____ **Can Dr. Pepper**
- _____ **Can Diet Coke**
- _____ **Bottled Water**

Georgia Highlands College Student Activities Acknowledgement and Acceptance of Trip Policies and Participants Athletic or Recreational Activities of Risk and Insurance Certification
(read carefully before signing)

1. I acknowledge that I am solely responsible for any damages or costs arising out of any bodily injury or property damage sustained through my participation in recreational, club or course related activity. I accept responsibility for my own travel unless it is provided by the college.
2. If as a participant I am separated from the group and miss the transportation, I fully acknowledge and accept all responsibility for my own return transportation.
3. Alcoholic consumption is not allowed during this activity regardless of the age of the participant. Smoking in group vehicles is also prohibited.
4. Due to the type of programming and reservation system required we must adhere to a strict NO Refund policy. Only if a trip is cancelled or the participant finds a replacement is a refund possible. Contact the Office of Student Engagement to see if a trip waiting list is available. If a replacement is found it will be necessary for you to notify the Office of Student Engagement and arrange to do the necessary change in paperwork.
5. I acknowledge that a violation of any of the above, or any conduct during a trip or activity that violates any state, local, or federal laws as well as institutional or Board of Regents policy may cause me to be ejected from the activity and possibly subject me to additional disciplinary action upon returning to campus.

Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Each participant in such activities should realize that there are risks, hazards, and dangers inherent such activities and in the training, preparation for and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which she/he has the prerequisite skills, qualifications, preparations, and training. Please notify the Office of Student Engagement of any special housing or travel accommodations that need to be made.

The undersigned acknowledges that Georgia Highlands College does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in athletic or recreational activity. All participants in voluntary recreational activities and athletic programs are to be required to sign a Release, Waiver of Liability and Covenant Not Sue form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary activities. In this regard, I certify that I am covered by a 24-hour health and accident insurance policy for which I will personally retain the proper identification and/or certification while participating in this activity. I have read and understand this notice. I accept and assume all risks, hazards and dangers involved in any such activities in which I may elect to participate, including the training, preparation for and the travel to and from the site of such activities.

My signature indicates that I have read, understand, and agree to abide by the policies above.

Participant Signature

Date

Parent or Guardian if under 18

Emergency Contact Name/Relationship to
Participant (include phone #)

Release, Waiver of Liability and Covenant Not to Sue

The undersigned hereby acknowledges that participation in the athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Georgia Highlands College allowing the undersigned to participate in voluntary recreational or athletic activities and in connection there with, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution, the undersigned participant does hereby waive liability, release and forever discharge the Institution and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights, and causes of action of whatever kind of nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs and athletic activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities.

I understand that the acceptance of this release, waiver of liability and covenant not to sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, sovereign or official immunity by said Board, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment or employment at the institution. I have received a copy of this document and I certify that I am ___ years of age and suffering from no legal disabilities and that I have read the above carefully before signing.

Participant Signature

Date

Emergency Contact Name/Relationship to Participant (include phone #)

If under 18 years

I am the participating student's parent or legal guardian, and I am fully competent to sign this document. I execute this Release, Waiver of Liability and Covenant not to sue for full, adequate and complete consideration fully intending for myself, the participating student, and for the participating student's family, estate, heirs, administrators, personal representatives and assigns to be bound.

Signature of Parent or Guardian

Student Engagement Staff Signature: _____ **Date:** _____