

Form B: Student Waiver of Liability Form

This form is to be completed for day field trips only. It must be completed prior to the trip.

- This form is essential for your safety and enjoyment of the trip.
- Please fill out completely and accurately, and return it promptly.
- It is considered confidential and will only be available to necessary personnel.

COURSE INFORMATION:

Off-campus Study Experience Course number and title:

GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: Madeline Brown

S#: 502589051 Date of Birth (MM/DD/YY): 08/08/97

Address: 205 Cordover drive, Fort Collins CO 80524

Cell Phone: 303-968-6815 email: madelinebrown08@outlook.com

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

MB Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Kelly Brown

Relationship to student: Mother

Phone: ~~303-704-0068~~ Alternate phone: _____

Email: kelbro3@msn.com

Emergency Contact II: Name: Robert Newens

Relationship to student: Step-Father

Phone: 720-431-6375 Alternate phone: _____

Email: _____

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: _____ Office phone: _____

Health Insurance Company: _____ Policy or Group Number: _____

Health Insurance Company Phone Number: _____

By signing this form, I acknowledge that I am about to participate in a course, program, or activity that has inherent risks, hazards and dangers that cannot be eliminated. I acknowledge that these include, without limitation, risks from the activity itself, transportation to and from the activity, risks connected with my physical condition and required exertion, risks from improper usage of equipment, and actions of other participants or spectators. I acknowledge that I am responsible to provide my health or accident insurance. I acknowledge that I may be photographed, video taped, and/or recorded and I waive my photographic rights to Front Range Community College.

I hereby accept full responsibility for any damages that I may cause to Front Range Community College equipment and/or my accommodations, and agree that I am responsible for compensating Front Range Community College or other businesses the full amount. I also recognize that this is a college sponsored trip and I agree to abide by all college policies, as well as State and Federal laws on the trip/activity. This includes omitting the use of alcohol and illicit drugs, and not bringing or using any weapons. I am aware that if I choose NOT to abide by college rules and policies, I will be subject to Front Range Community College disciplinary action as well as possible State or Federal charges. I further understand that I may be banned from future Front Range Community College courses, programs or activities.

I hereby consent to and authorize any use and reproduction by you, or anyone authorized by you, of any and all photographs/digital images/video tapes/recordings.

For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, indemnify and hold harmless the State of Colorado, State Board for Community Colleges and Occupational Education ("SBCCOE" or "Board"), Front Range Community College, trustees, officers, employees, agents and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses and NEGLIGENCE of any kind of nature arising directly or indirectly out of any damage, loss, injury, paralysis or death in connection with my participation in this course, program or activity and/or use of this equipment and to waive all claims for damages or losses against the state, the Board or the college which may arise from such activities.

I, Madeline Brown (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

Madeline Brown
Signature (Parent or Guardian of under 18)

June 11 2019
Date

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COURSE INFORMATION:

Off-campus Study Experience Course number and title:

GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: Kyle Hawn

S#: 02320126 Date of Birth (MM/DD/YY): 05/08/90

Address: 700 E Drake Rd

Cell Phone: (316) 213-7285 email: _____

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Darcie Dragon

Relationship to student: Fiance

Phone: (970) 413-2260 Alternate phone: _____

Email: _____

Emergency Contact II: Name: Sally Hawn

Relationship to student: Mother

Phone: (316) 213-7286 Alternate phone: _____

Email: _____

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: _____ Office phone: _____

Health Insurance Company: _____ Policy or Group Number: _____

Health Insurance Company Phone Number: _____

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I, Kyle Hawn (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.



Signature (Parent or Guardian of under 18)

11 June 2019

Date

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COURSE INFORMATION:

Off-campus Study Experience Course number and title:

GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: Jordyn Miller

S#: 501987668 Date of Birth (MM/DD/YY): 07/23/1995

Address: 1120 W 16th Street Loveland, CO 80537

Cell Phone: 970-820-8768 email: jordie.miller@live.com

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Sherry Miller

Relationship to student: Mother

Phone: 970-988-8518 Alternate phone: _____

Email: _____

Emergency Contact II: Name: _____

Relationship to student: _____

Phone: _____ Alternate phone: _____

Email: _____

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: _____ Office phone: _____

Health Insurance Company: _____ Policy or Group Number: _____

Health Insurance Company Phone Number: _____

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I, _____ (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

Signature (Parent or Guardian of under 18)

Date

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COURSE INFORMATION:

Off-campus Study Experience Course number and title:

GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: COURTNEY Ann Sexton

S#: 02276998 Date of Birth (MM/DD/YY): 04/07/90

Address: 1714 Dora Street, Fort Collins, CO 80526

Cell Phone: 509-218-0700 email: csexton166@gmail.com

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Nick Pike

Relationship to student: boyfriend

Phone: 970-689-7252 Alternate phone: _____

Email: nick.dogmt25@msn.com

Emergency Contact II: Name: Chris Sexton

Relationship to student: dad

Phone: 509-220-9718 Alternate phone: _____

Email: chriss1962@yahoo.com

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: Jennifer Smith Office phone: 970-669-4855

Health Insurance Company: Health First CO Policy or Group Number: _____

Health Insurance Company Phone Number: 1-800-221-3943

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For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, indemnify and hold harmless the State of Colorado, State Board for Community Colleges and Occupational Education ("SBCCOE" or "Board"), Front Range Community College, trustees, officers, employees, agents and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses and NEGLIGENCE of any kind of nature arising directly or indirectly out of any damage, loss, injury, paralysis or death in connection with my participation in this course, program or activity and/or use of this equipment and to waive all claims for damages or losses against the state, the Board or the college which may arise from such activities.

I, Courtney Sexton (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

Courtney Sexton
Signature (Parent or Guardian of under 18)

4-11-2019
Date

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COURSE INFORMATION:

Off-campus Study Experience Course number and title:

GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: Timothy D. Johnson

S#: 02 Date of Birth (MM/DD/YY): 11/18/86

Address: 2616 Frederick Dr. Loveland, Co 80537

Cell Phone: (970) 646-1266 email: timj00411@gmail.com

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Brathay Cross

Relationship to student: Wife

Phone: (970) 631-4594 Alternate phone: _____

Email: _____

Emergency Contact II: Name: Chris Johnson

Relationship to student: Brother

Phone: (210) 862-0850 Alternate phone: _____

Email: _____

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: _____ Office phone: _____

Health Insurance Company: _____ Policy or Group Number: _____

Health Insurance Company Phone Number: _____

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I, Timothy Johnson (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.


Signature (Parent or Guardian of under 18)

6/11/19
Date

Form B: Student Waiver of Liability Form

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COURSE INFORMATION:

Off-campus Study Experience Course number and title:

GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: Miles Collins

S#: 502553182 Date of Birth (MM/DD/YY): 07/05/90

Address: 1212 Raintree Dr. Apt# G146, Fort Collins CO

Cell Phone: 970-825-9642 email: miles.collins@ymail.com

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Chris Withers

Relationship to student: Roommate

Phone: 402-709-2924 Alternate phone: _____

Email: _____

Emergency Contact II: Name: Tiffani Dalme

Relationship to student: Friend

Phone: 985-590-1456 Alternate phone: _____

Email: _____

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: _____ Office phone: _____

Health Insurance Company: _____ Policy or Group Number: _____

Health Insurance Company Phone Number: _____

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I, Miles Collins (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

Miles Collins
Signature (Parent or Guardian of under 18)

June 11th, 2019
Date

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COURSE INFORMATION:

Off-campus Study Experience Course number and title:

GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: Allison Augustine

S#: 502104741 Date of Birth (MM/DD/YY): 06/03/1995

Address: 2250 W Elizabeth St. #833 Fort Collins, CO 80521

Cell Phone: (913) 999-8919 email: euphoricfox@gmail.com

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Tristan Cuddon

Relationship to student: Boyfriend

Phone: (970) 672-6663 Alternate phone: _____

Email: _____

Emergency Contact II: Name: Shari Augustine

Relationship to student: Mom

Phone: (785) 307-2294 Alternate phone: (785) 307-1030

Email: augdance@juno.com

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: _____ Office phone: _____

Health Insurance Company: Medicaid Policy or Group Number: _____

Health Insurance Company Phone Number: _____

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I, Allison Augustine (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

Allison Augustine
Signature (Parent or Guardian of under 18)

6/11/19
Date

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GEY 111-601 Physical Geology

Date(s) of Activity(ies): Start date: 7/12/2019 End Date: _____

Time of Activity(ies): Start time: 8:30 AM End time: 3:30 PM

STUDENT INFORMATION:

Full Name: David Wells

S#: 02288249 Date of Birth (MM/DD/YY): 05/01/90

Address: 1005 Skyline Drive

Cell Phone: 970-691-3143 email: dave I. t. wells@gmail.com

Please check the one that applies: I am 18 years or older I am under the age of 18 years old.

EMERGENCY INFORMATION:

Please initial here after reading the following statement. FRCC has my permission to contact the following people and provide any information to them regarding an emergency situation in which I am involved during this program.

Emergency Contact I: Name: Rick Wells

Relationship to student: Father

Phone: 970-691-1265 Alternate phone: _____

Email: rick.wells@rams.colostate.edu

Emergency Contact II: Name: _____

Relationship to student: _____

Phone: _____ Alternate phone: _____

Email: _____

INSURANCE AND PHYSICIAN INFORMATION:

Physician Name: _____ Office phone: _____

Health Insurance Company: _____ Policy or Group Number: _____

Health Insurance Company Phone Number: _____

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I, David Wells (print name) HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER, ASSUMPTION OF RISKS AND RELEASE AGREEMENT.


Signature (Parent or Guardian of under 18)

06/11/2019
Date