



CLUB/ORGANIZATION STUDENT DISCLAIMER/COLLEGE RELEASE WAIVER

Choose your club/organization and budget number:** _____
***For the club/organization and budget number, here is a link to a list – [club/organization and budget numbers.](#)*

Name of Event: _____

City of Student: _____

Name of Student: _____

Home address: _____ City, State, Zip: _____

Phone: _____ Birth Date: _____

I will be driving a CCS school or personal vehicle as a representative of Spokane Falls Community College to the event listed above.

As a student at SFCC, I am aware that I can drive a state or personal vehicle if properly authorized. I am also aware that I need to have a valid driver's license, adequate private medical and liability insurance to drive this state or personal vehicle. The state will not reimburse students or employees for injuries received in accidents in state or personal vehicles, and I will be liable for any accidents while driving a state or personal vehicle.

I also do hereby absolve SFCC, college advisors, and Community Colleges of Spokane from any liability and/or claims for personal injuries sustained during my travel and while driving for this event.

I have read and agree to the above stipulations governing student travel in CCS owned or personal vehicles.

I have attached copies of my valid driver's license and proof of adequate insurance.

Date: _____

Emergency contact name _____

Emergency contact phone _____

Student Signature

Director of Student Funded Programs Signature

Advisor Signature

Dean of Student Support Services Signature