

INTERNATIONAL TRAVEL FACULTY/STAFF RELEASE FORM
Virginia Western Community College

I, the undersigned, request permission to participate in the _____
 _____ program. Unless rescheduled, this program will be held
 with travel dates of _____ for departure and _____ for return.

I understand that there is no guarantee that this activity is free of risk of personal injury, property damage or loss. I agree to abide by any applicable college rules and understand that the college reserves the right to exclude my participation at any time if I am disruptive, in the sole determination of the college President or Vice-President, or for any other good reason.

In exchange for being permitted to participate, I release and promise not to sue the Commonwealth of Virginia, the college, its agents or employees, (including other faculty/staff members participating in this program), from and for any injury (including sickness or death) to me, or damage or loss to my property, which may occur as a result of my participation in this program or which may arise out of my participation in this program, no matter the cause. I understand that the only exception to the preceding sentence is if injury, loss or damage is due to intentional misconduct by employees or agents of the Commonwealth.

I understand that no one, except the college President or college Vice-President, has the authority or right to change or waive any of the foregoing terms, or to make any representation of any nature to me as to this program, except as may be stated in official college publications.

I hereby authorize VWCC to contact the persons I have listed for emergency purposes and to release to them such information about me that the college deems proper and appropriate.

 Name

 Address

 Signature

 Date