



A Unit of the University System of Georgia  
Savannah, Georgia 31404

### *Student Waiver for Educational & Cultural Trips*

Savannah State University encourages students to strengthen their education and cultural competencies through participation in University sponsored off-campus events. When students travel to and from University sanctioned events in a university owned or leased vehicle, or a privately owned vehicle, Savannah State University requires you to assume all liability for your personal safety and well being.

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Campus Departure Time: \_\_\_\_\_ Campus Return Date & Time: \_\_\_\_\_

Name of Course or Organization: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

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#### **Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Residence Hall: \_\_\_\_\_ Room #: \_\_\_\_\_

Local Address (if off-campus): \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### **Emergency Contact Information**

*In case of an emergency, Contact:*

Parent/Guardian/Relative: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State)

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you currently taking medication? \_\_\_ Yes \_\_\_ No Type \_\_\_\_\_

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I understand that my signature indicates an agreement to:

- ❖ relieve Savannah State University of any liability of personal damage claims connected with travel in a University owned, operated or leased vehicle and/or private vehicle used as transportation for the above trip, and
- ❖ abide by all directions, written and oral, provided by the University representative in charge throughout the duration of the trip.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator of Student Activities: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Student Life: \_\_\_\_\_ Date: \_\_\_\_\_