



**I37 Mountain View Avenue
Kingston 3**

CONSENT FOR COLLEGE TRIP

To be completed by all parties prior to departure on the College's transportation.

• Staff • Student ID#: _____ School/Dept: _____

Other • _____ (please specify)

Mr. /Mrs. /Miss/Dr. _____ will be:

a) Travelling to _____ On (dd/mm/yy) _____

b) Staying at _____

c) Person in charge of the trip is: _____

This group is due to return to the College campus at approximately _____ a.m./p.m. on

the _____ of _____
Day Month Year

Kindly note the following:

a. The College has the following insurance:

. Motor Insurance, which covers the College's vehicles and its passengers

i. Accident insurance which covers particular situations (Accident Insurance information available at the HR office)

b. The College will take all reasonable steps to ensure that any hired transportation, to be used for the purpose (s) outlined above, has the required insurance coverage.

(continued)

- c. The College shall not be liable for:
- i. any injury or loss sustained as a result of your negligence
 - ii. going on a frolic of your own
 - iii. travelling independent of the College's transportation
 - iv. unauthorized use of the service
 - v. any third party

Please indicate your understanding and agreement of the foregoing terms and conditions by signing below.

AGREEMENT FORM

I _____ of _____ agree to the conditions outlined herein and
Name School/Dept
agree not to make any claim on the college save and except in circumstances already outlined.

Signature

Date