



Participation in Off Campus Activity Student Waiver of Liability

Broadway campus
1155 East Broadway, Vancouver, B.C. V5T 4V5

Downtown campus
250 West Pender St., Vancouver, B.C. V6B 1S9

**Safety, Security &
Risk Management**
e: secure@vcc.ca
www.VCC.CA

Student Agreement

I,
Student Name

am a student at Vancouver Community College. At this time I am taking:

.....
Course Title Course Number

I would like to go on an off-campus activity with my class to:
Location

For the purpose of:

I understand that this activity might involve direct or indirect risks and hazards. I agree that I am responsible for any risks of going on this off-campus activity. This includes all risk of property damage, injury, and other hazards to me.

I would like officials at VCC to know that:

- I have health insurance to pay the medical costs in the event I am injured during this off-campus activity.
- I have no health-related reasons or problems that prevent me from going on this off-campus activity.

During this off-campus activity, I agree to follow all College policies including ones that govern my educational experience at VCC. Policies are available on the VCC website at: <https://www.vcc.ca/about/governance--policies/policies/>.

.....
Student Signature Date

Emergency Contact

.....
Name Relationship to student

.....
Phone number Alternative contact information (optional)

Parent/Gaurdian authorization – Required for students under 19 years of age

.....
Name Relationship to student

.....
Signature Date

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.