

**BLINN COLLEGE – SPONSORED EVENT INFORMATION  
& TRANSPORTATION ELECTION FORM**

Activity Planned: \_\_\_\_\_ (“Event”)

Sponsoring Group: \_\_\_\_\_ (“Group”)

Event Date(s): \_\_\_\_\_

*This form should be signed only after understanding and considering the following items to the Event:*

**1. Event Information**

{Describe in more detail than above} supervised trip planned, dates and time of departure & return, destination to be visited

**2. Purpose of Event**

**3. Transportation**

The transportation for this event shall be provided by Blinn College at no cost to its student participants. Transportation will either be a college-owned vehicle and/or certified commercial carriers. All student participants are expected to travel both to and from the event with the Group in the mode of transportation in which Blinn College provides. However, any student who wishes to specifically waive the transportation arrangements may do so by making the appropriate election for independent travel below.

**4. Requirements**

List any special requirements which are imposed on students who participate, including certain items needed for the trip, fees not sponsored or defrayed by the College which are associated with any aspect of the event, etc.

**TRANSPORTATION ELECTION &  
WAIVER OF TRAVEL-RELATED LIABILITY**

I will travel to and from the Event with the Group, utilizing the transportation provided by Blinn College, if any.

I will not be traveling with the Group, but will instead arrange my own travel arrangements to and from the event. I understand that Blinn College is not responsible in any way for any damages or injuries related to my choice to travel to the event separately from the Group.

*I release and waive, and further agree to indemnify, hold harmless or reimburse Blinn College, its Board of Trustees and individual Board members, and the administrators, agents, officers, attorneys, and the employees of Blinn College, from and against any claim which I, \_\_\_\_\_, and/or any other person, firm, or corporation may have or claim to have, known, directly or indirectly for any losses, damages, or injuries arising out of, during, or in any way connected to participation in the event, or rendition of emergency medical procedures or treatment, if any, including travel to and from the event, regardless of mode selected.*

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date