



ALTERNATIVE TRAVEL WAIVER
LARAMIE COUNTY COMMUNITY COLLEGE STUDENT ACTIVITIES

I, _____ the undersigned, in consideration of Laramie County Community College granting me permission to independently travel, by personal vehicle or otherwise, to participate in a campus event, hereby waive any and all claims for damages or loss to my person and property which may occur while traveling to or from the event/activity. I accept all responsibility for the travel and all dangers associated with travel not provided by the College.

In consideration for receiving permission to independently travel, I hereby release, waive, discharge, and covenant not to sue, LCCC, nor any of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising a result of my participation in the aforementioned travel.

To the fullest extent permitted by law, I shall indemnify, defend, and hold harmless LCCC, its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers from any and all claims, lawsuits, losses, and liability arising out of my involvement in this activity. Further, LCCC does not waive its Governmental/Sovereign Immunity by executing or entering into this Agreement and specifically retains all immunities and defenses available to it as a governmental entity pursuant to WYO. STAT. ANN. § 1-39-101 (2013), *et seq.*, and all other applicable laws.

I also understand that by electing to independently travel, I do so at my own risk and expense and understand that I will not be eligible for a refund. I fully understand that the College shall not provide insurance coverage while I travel and I should review my own personal insurance portfolio.

I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Release Agreement. I am aware that by signing this Release, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Release Agreement is

binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Campus Event/Date_____

Signature of Student Participant

Date_____

Signature of College Employee Supervising Travel

Date_____