

Trip Form

Trip To: _____ Date of Trip: _____

Sponsoring Organization: _____

Name: (print) _____ **Student ID#:** _____

Email: _____

I, the undersigned, understand that I must abide by the NRCC Student Conduct Policy (please see the trip coordinator if you have any questions about the specifics of the conduct policy) during the trip to _____. I understand that in addition to NRCC Policy all other federal, state, and local laws and their sanctions apply, and that I am responsible for the consequences of breaking such laws. I also agree to follow any further instructions provided by the NRCC staff. I also understand that if I miss the transportation provided, it is my responsibility to find transportation back to New River Community College at my own expense.

Signature: _____ **Date:** _____

Emergency Contacts:

Name (print): _____ **Phone:** _____

Name (print): _____ **Phone:** _____

Issues or Concerns: Please list below any relevant personal, medical, or other types of issues that the supervising NRCC staff member should be aware of that could impact your health or safety on this trip.
