

Mohawk Valley Community College
Accepted Student Overnight Bus Trip, May 19th and May 20th, 2026
AGREEMENT AND ACKNOWLEDGEMENT OF CONDITIONS OF PARTICIPATION

STUDENT INFORMATION
(PLEASE WRITE LEGIBLY)

I, _____, AM A CONFIRMED PARTICIPANT FOR THE MOHAWK VALLEY COMMUNITY COLLEGE ACCEPTED STUDENT BUS TRIP, MAY 19TH AND 20TH, 2026. I UNDERSTAND THAT I WILL BE MEETING WITH REPRESENTATIVES (STUDENTS, FACULTY AND STAFF) OF THE COLLEGE, TOURING THE CAMPUS, PROVIDED ROOM/BOARD ON CAMPUS AND PARTICIPATING IN VARIOUS ON-CAMPUS SOCIAL ACTIVITIES.

I UNDERSTAND THE POTENTIAL RISKS INVOLVED AS A RESULT OF MY PARTICIPATION INCLUDING, RISK OF INJURY OR DEATH, DAMAGE TO PERSONAL PROPERTY, EXPENSES OR OTHER LOSSES AND I AM VOLUNTARILY ASSUMING ALL SUCH RISKS.

I ACKNOWLEDGE THAT MOHAWK VALLEY COMMUNITY COLLEGE MAKES NO WARRANTIES OF ANY KIND, EXPRESSED OR IMPLIED, REGARDING EVENTS OR OCCURRENCES THAT ARISE OUT OF, RESULT FROM, OCCUR DURING, OR ARE CONNECTED IN ANY MANNER WITH MY PARTICIPATION IN THE ACCEPTED STUDENT BUS TRIP, THE PROGRAM ACTIVITIES AND ANY TRAVEL INCIDENT THERETO.

I ACKNOWLEDGE THAT MOHAWK VALLEY COMMUNITY COLLEGE MAY CHANGE THE ITINERARY, PROGRAM SCHEDULE AND PROGRAM CONTENT IN ITS SOLE DISCRETION

SHOULD I NEED TO BE REACHED DURING THE EVENT, MY CELL PHONE NUMBER IS: _____

PHOTO PERMISSION

I HEREBY GIVE PERMISSION FOR MY PHOTOGRAPH TO BE USED IN THE MOHAWK VALLEY COMMUNITY COLLEGE CATALOG, IN OTHER COLLEGE PUBLICATIONS, OR ON THE COLLEGE'S WEB SITE, AT THE DISCRETION OF THE MVCC MARKETING AND COMMUNICATIONS OFFICE. I UNDERSTAND THAT HAVING THIS PHOTO TAKEN DOES NOT GUARANTEE THAT THE PICTURE WILL BE USED.

CODE OF CONDUCT

I ACKNOWLEDGE THAT I AM RESPONSIBLE TO FAMILIARIZE MYSELF WITH ALL RULES, REGULATIONS AND POLICIES OF MOHAWK VALLEY COMMUNITY COLLEGE AND THE LAWS OF THE STATE OF NEW YORK AND THAT I AM RESPONSIBLE FOR CONFORMING MY CONDUCT TO SUCH RULES, REGULATIONS, POLICIES AND LAWS DURING THE PERIOD OF MY PARTICIPATION IN THE ACCEPTED STUDENT BUS TRIP. I UNDERSTAND I WILL BE INTERACTING WITH FACULTY, STAFF AND STUDENTS, AND PARTICIPATING IN CAMPUS EVENTS. I ACKNOWLEDGE THAT MY FAILURE TO ACT RESPONSIBLY, MATURELY AND IN COMPLIANCE WITH THE ABOVE-DESCRIBED RULES, REGULATIONS, POLICIES AND LAWS COULD JEOPORDIZE MY ACCEPTANCE TO OR PARTICIPATION IN THE ACCEPTED STUDENT BUS TRIP AT MOHAWK VALLEY COMMUNITY COLLEGE.

I ACKNOWLEDGE THAT THE PROGRAM DIRECTOR MAY TERMINATE MY PARTICIPATION IN THIS PROGRAM FOR ANY OF THE FOLLOWING REASONS: (i) ENGAGING IN ANY CONDUCT OR TAKING ANY ACTION WHICH, IN THE SOLE JUDGMENT OF MOHAWK VALLEY COMMUNITY COLLEGE ENDANGERS MYSELF OR OTHERS; (ii) ENGAGING IN ANY CONDUCT OR TAKING ANY ACTION WHICH, IN THE SOLE JUDGMENT OF MOHAWK VALLEY COMMUNITY COLLEGE, IS HARMFUL TO, INCOMPATIBLE WITH, OR INTERFERES WITH THE BEST INTEREST OF THE PROGRAM OR ITS PARTICIPANTS; (iii) VIOLATING ANY RULE, REGULATION OR POLICY OF MOHAWK VALLEY COMMUNITY COLLEGE OR THE LAWS OF THE STATE OF NEW YORK

(OVER PLEASE)

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PARENT/GUARDIAN INFORMATION

I, _____, AM THE PARENT/LEGAL GUARDIAN OF THE ABOVE MENTIONED STUDENT. I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE MOHAWK VALLEY COMMUNITY COLLEGE ACCEPTED STUDENT BUS TRIP, MAY 19TH AND 20TH.

I ATTEST THAT MY CHILD IS IN GOOD HEALTH AND SUFFERS FROM NO DISABLING OR LIMITING PHYSICAL OR MENTAL CONDITION OTHER THAN THE FOLLOWING: _____,
AND THAT FOR ANY CONDITIONS REQUIRING MEDICATION, I AM RESPONSIBLE FOR ENSURING THAT MY CHILD WILL HAVE ACCESS TO SUCH MEDICATIONS FOR THE DURATION OF THE MOHAWK VALLEY COMMUNITY COLLEGE PROGRAM AND IS CAPABLE OF SELF-ADMINISTERING SUCH MEDICATIONS.

IN THE EVENT OF A MEDICAL EMERGENCY, PLEASE CONTACT _____
AT (CELL PHONE) _____. MY SIGNATURE FURTHER PROVIDES CONSENT FOR MOHAWK VALLEY COMMUNITY COLLEGE TO SERVE IN MY ABSENCE IN CASE OF AN EMERGENCY; THEREFORE, PLEASE MAKE USE OF THE FOLLOWING INFORMATION:

ALLERGIES: _____
ALLERGY INJECTIONS: _____
EPILEPSY: _____ DIABETES: _____ ASTHMA: _____
CURRENT MEDICATIONS TAKEN REGULARLY: _____
HEALTH INSURANCE (MUST BE PROVIDED FOR ALL PARTICIPANTS)
DOES PARTICIPANT HAVE HEALTH INSURANCE COVERAGE? ____ Yes ____ No
COMPANY NAME: _____ CITY OF COMPANY: _____
ID NUMBER: _____ GROUP NUMBER: _____
SUBSCRIBER'S NAME: _____ RELATIONSHIP TO PARTICIPANT: _____
(PLEASE ATTACH A COPY OF FAMILY INSURANCE CARD IF APPLICABLE)

THIS AGREEMENT REMAINS EFFECTIVE UNTIL MY RELATIONSHIP WITH MOHAWK VALLEY COMMUNITY COLLEGE IS TERMINATED. I AGREE THAT THE TERMS OF THIS AGREEMENT ARE TO BE CONSTRUED UNDER THE LAWS OF THE STATE OF NEW YORK, AND THAT IF ANY PORTION HEREOF IS DEEMED INVALID, THE REMAINING PORTIONS SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT. IN SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND ITS TERMS, THAT BY SIGNING IT I AM GIVING UP LEGAL RIGHTS I MIGHT OTHERWISE HAVE, AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.

PARTICIPANT SIGNATURE: _____ DATE: _____
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____