



TOCCOA FALLS COLLEGE

Office of the Registrar

706-886-7299, ext. 5330

STUDENT RESPONSIBILITY AND WAIVER FORM

I have read the attached Crisis Management Policy and understand the facts presented. I hereby release Toccoa Falls College from any and all responsibility, including such things as injury, loss, arrest, kidnapping, death, etc., in regard to my participation in this study abroad or off-campus program with:

_____ *Program Information & Location or Course Prefix & Number*

_____ *Student Name* *ID #*

*** _____ *Student Signature* *Date* **Notarized:** *(Notary Signature/Seal)*

_____ *Parental Signature if Student is under age 21* *Date* **Notarized:** *(Notary Signature/Seal)*

INSURANCE

I AM COVERED WITH PERSONAL OR GROUP HEALTH INSURANCE: **YES** _____ **NO** _____

Name of Company _____ Effective Date: _____

Policy Holder _____ Group/ID Number: _____

Claims Address or Phone Number: _____

Travel Insurance will be included with your TFC Study Tour fees (for TFC led trips only). I have been informed of this coverage and have been given the opportunity to purchase additional travel or cancellation insurance through other carriers should I choose to do so.

*** _____ *Student Signature* *Date*

I have purchased an additional policy (cancellation, international travel and/or health) insurance with:

_____ for the following coverage period: _____
Month/Day/Year

To _____ which completely covers the time abroad.
Month/Day/Year

Policy # _____