



# 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)*

## STUDENT FINANCIAL RESPONSIBILITY

I will be responsible for the full payment of course registrations (tuition and fees) for Study Abroad as of the midpoint in the previous semester. No refunds for cancellation will be issued from Toccoa Falls College. Any reimbursements for loss of funds may come directly from a separate Cancellation insurance policy (included for TFC Study Tours) to be determined by the insurance carrier and subject to the terms of the insurance policy. **I will be responsible for full payment, should I drop a class.**

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

\_\_\_\_\_  
*Date*

## 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: \_\_\_\_\_

I have purchased an additional policy (OPTIONAL) insurance with:

\_\_\_\_\_ for the following coverage period: \_\_\_\_\_  
*Month/Day/Year*

To \_\_\_\_\_ which completely covers the time abroad.  
*Month/Day/Year*

Policy # \_\_\_\_\_