



The Department of Recreation & Wellness
Outdoor Adventures Trip Agreement

Welcome to Outdoor Adventures! By placing your name on this form, you are indicating that you plan to participate in this event. Please print your name and contact information below. Payment is due by the registration deadline for each event. In some cases, a deposit may be required to secure your place. If you have any questions, contact Elizabeth Rocco, Assistant Director of Recreation & Wellness at (678) 466-4975.

Directions - In the following spaces, please provide the required information which is needed in the event of an emergency. This information will be kept strictly confidential. Please PRINT legibly all information.

Trip Location / Activity: Trip Date:
Full Legal Name: Date of Birth:
Laker ID Number: OR Driver's License Number:
Local Address: , GA Zip:
Campus Email: @student.clayton.edu Phone: ()
Alternate Email: Alternate Phone: ()
Student Class: Freshman Sophomore Junior Senior Grad
Other Classification: Alumni Employee Non-Clayton State Participant
Gender: Male Female Can You Swim? Yes No Fitness Level: Good Avg Poor

Relevant Medical Information - Please indicate any serious medical conditions that could require medical attention on this trip (allergic to bee stings, diabetic requiring medication, epileptic with frequent seizures, etc).

Emergency Contact Information - In the event of an emergency, please list the name of someone we may attempt to notify on your behalf.

Name: Primary Phone:
Alternate Phone: Relationship:

Medical Insurance Information - Please provide this information in the event of a medical emergency. Please note that neither the Department of Recreation & Wellness nor Clayton State University provides insurance coverage for you. This is your sole responsibility to pay for any medical expenses you may incur as a result of your injury or illness requiring medical attention.

Insurance Company Name: Policy #:

Place your initials in the space provided if you do NOT have medical insurance coverage:

Acknowledgement - I understand that I may be engaging in vigorous outdoor activities. I am aware that my deposit is non-refundable; I have also read and understand the department's refund & cancellation policy. I further attest that all information is accurate and complete to the best of my knowledge. I realize that I represent Clayton State University and the Student Code of Conduct is in effect at all times including campus events such as this one. The safety and welfare of the group and CSU takes precedence over individual concerns. I acknowledge that I have read and understand all aspects of this document.

Signature: Date:
Witness: Date:

Office Use Only - Payment Information

Payment Date: Amount Due: Balance Due:
Payment Type: Check Cash Credit Receipt #: Cashier: