AMARILLO JUNIOR COLLEGE DISTRICT

Consent for Student Travel

Dates/Place of Travel:		
Program/Conference:		
Sponsor:		
I,	e of doing so. If I have any spec I have informed the sponsor thts and Responsibilities" publi	of this program. I have read and cation, and accept responsibility for
I am aware of the policies concerning travel-related expenditures for which I expect drugs will be bought, consumed or allowed at prior approval of the student organization's en for student travel.	reimbursement. I understand to any time during student travel,	hat no alcoholic beverages or illegal and that all expenditures must have
I authorize Amarillo College to recor electronic or any other medium, to use my nar or distribute in any medium (e.g. print or dig College deems appropriate, including for pron	ne in connection with these rec gital publications) these record	ordings; and use, reproduce, exhibit
Student Signature	Dat	te
Date of Birth		
EMERGEN	CY CONTACT INFORMATIO	N
Name:	Name:	
Relation:	Relation:	
Phone Number:		
If the student has not reached his/her 18 th birthday, minor.	FOR MINORS ONLY this document must be also execu	nted by a parent or the guardian of the
I, the contents of this Consent for Student Travel.	, guardian of	adopt and consent to
Parent/Guardian Signature	 Date	