

SEMESTER DAY TRIP/VOLUNTEERING SIGNATURE FORM

Organization _____

I am participating in a day trip with the above named organization on _____
(insert date of day trip). I have submitted a Student Travel Agreement and a Personal Health History,
Emergency Contact, & Insurance Information Form for this organization for this current semester. The
information on those forms is true and accurate as of today's date and I agree to abide by all rules and
regulations set forth in those forms.

Printed Name

Signature

Date