BENNINGTON COLLEGE

FIELD TRIP INFORMATION FORM

Faculty/Sponsor Name: _____

If using the van or other College vehicle, please ask your Coordinator to reserve the vehicle, through Campus Safety, within 2 weeks of the field trip. Drivers must be on the College's "Approved Driver" list.

Contact Information of the Faculty/Sponsor:

Home Telephone & E-mail: _____

*Cell Phone:_____

**A cell phone is required for all field trips*

Date of Field Trip: _____

Time of Field Trip:

Leaving: _____ Returning: _____

Destination of Field Trip: _____

Is this an overnight field trip? ☐ **Yes** ☐ **No**

All overnight trips must be approved by the Provost and Dean.

Names of Participating Students (or attach class roster):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Using the College Vans/Vehicles: Please have your Program Coordinator complete a Van Reservation Form and send it to Campus Safety. Only a faculty member, professional, or College driver with an "Approved Driver" status may drive the van. Please make reservations at least 2 weeks prior to the trip.

cc: Campus Safety; Office of Student Life

BENNINGTON COLLEGE

RELEASE FORM

I, _____ , hereby acknowledge and agree as a participant in _____ [hereinafter "the event"], that the College, its trustees, officers, employees, agents, staff, and faculty [hereinafter collectively referred to as "the College"], by and through its involvement in the event, is not a guarantor of my health, safety, or welfare, and is not assuming any liabilities for injury, loss, or damage to my person or property resulting from or during the time of my participation in the event, independent of liabilities arising from the College's own negligence. I acknowledge and agree that the College has no obligation or duty to supervise me or my activities, or the other participants and their activities, during participation in the event.

I hereby affirmatively release and waive all rights of recovery against the College for any claim against the College for injury, loss, or damage to my person or property that occurs in connection with the event. I fully discharge the College from liability for any and all injury, loss, or damage resulting from or during the time of my participation in the event, other than arising from a claim based on the College's own negligence; and I agree to defend, hold harmless, and indemnify the College from any claim, liability, loss, damage, or expense (including without limitation attorney's fees) resulting from any claim brought by a fellow participant or any other person for loss or damage caused by my conduct in connection with the event. I understand the College is not responsible for any kind of refund should the event be cancelled due to circumstances beyond the College's control.

I hereby acknowledge that I have read and that I understand the above, and that I voluntarily agree to its terms.

Participant's signature:_____ Date:_____

Parent or Guardian's signature (if Participant is under 18 years of age)

_____ Date:_____

Destination: _____

Class Name: _____

Faculty Sponsor: _____

BENNINGTON COLLEGE

OFFICE OF CAMPUS SAFETY | VAN RESERVATION FORM

Name: _____ Date:_____

Department/Organization: _____

Driver(s) needed: ☐ No ☐ Yes

Vans Requested: ☐ White Ford (15 person)

Own Driver: ☐ No ☐ Yes

☐ Black Ford (15 person)

☐ Honda (6 person)

Driver Name/s: _____ _____

Destination: _____ Address: _____

Day(s) Requested: ☐ 1 ☐ More than 1 day (requires 3 weeks advance notice)

(Individual repeated trips require a form for each date. Single multiple-day trips need one form)

Date(s) / Day (s) Requested: _____

Times Requested: _____

Specifics: _____

GPS navigation system needed? ☐ No ☐ Yes

Account Number to be charged: _____

The Calendar will reflect PENDING until you receive a confirmation e-mail approving the request.

FOR CAMPUS SAFETY STAFF USE ONLY

Van(s) scheduled: _____

Driver(s): 1._____ 2. _____

Dates(s) / Day(s) approved: _____

Time(s): _____