

**STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG**

TRAVEL RELEASE

In consideration of receiving permission from Converse University, a corporation, to participate in practicums, student teaching, clinical experiences or any activities related to course work the undersigned hereby releases Converse University, its agents, officers, servants and employees, of and from all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury of the undersigned in connection with the participation set forth above.

*I give the University permission to release information for purpose of certification and accreditation.

This Release shall be binding upon the heirs, executors, administrators and assigns of the undersigned.

PRINTED NAME: _____

Student Signature: _____

Date of Birth: _____ Phone Number: _____

*IN WITNESS WHEREOF, the undersigned has executed this Release this
_____ Day of _____, 20_____.

Witness Signature: _____