# State Center Community College District

FIELD TRIP/EXCURSION FORM

**All participants complete Sections A and B:**

A. WAIVER
B. MEDICAL AUTHORIZATION

**If applicable, complete Section(s) C, D, E:**

C. NON-MEMBER OF CLASS OR CLUB
D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION
E. MINOR

A. WAIVER

Activity: _____

Campus/Class/Group: _____

Supervising Faculty/Employee: _____

Departure Date & Time: _____ Return Date & Time: _____

As stated in the California Code of Regulations, subchapter 5, Section 55450, I understand and agree that I shall hold State Center Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this activity, including injuries, accident, illness, or death.

If my participation in this activity results in any liability, claims, causes of action, or demands against State Center Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users in such an action.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my own expense.

My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

| _____ | _____ | _____ |
|---|---|---|
| Participant's Printed Name | Signature of Adult Participant or Parent/Guardian of Minor Participant | Date |

B. MEDICAL AUTHORIZATION: In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever medical treatment and/or hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

| _____ | _____ | _____ |
|---|---|---|
| Participant's Printed Name | Signature of Adult Participant or Parent/Guardian of Minor Participant | Date |

| _____ | _____ | _____ |
|---|---|---|
| Participant's Medical Insurance Carrier | Medical Insurance Carrier Phone # | Policy # |

**In the event of illness, accident, or other emergencies, please notify:**

| _____ | _____ | _____ |
|---|---|---|
| Name | Phone # | Optional Phone # |

## C. NON-MEMBER OF CLASS OR CLUB

I request that I may participate in the activity listed in Section A.

As a condition for being allowed to participate in the above-referenced activity as a non-member, I agree to abide by the provision of Sections A and B and, if applicable, Sections(s) D and/or E.

My signature on this document acknowledges that I have read and understand all applicable provisions and agree to abide by these terms.

| _____ | _____ | _____ |
|---|---|---|
| Participant's Printed Name | Signature | Date |

## D. PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION

I understand transportation may be provided to and from the above-referenced activity. However, I do not wish to use this transportation.

I will provide my own transportation at my own expense to attend the activity listed in Section A and agree to abide by the following terms:

It is fully understood that State Center Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or action resulting from, arising out of or incident to the non-District transportation. I understand that although the District my recommend travel time and/or routes to and /or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation.

I also understand that the driver is not driving as an agent of or on behalf of the District.
My signature below acknowledges that I have carefully read these provisions and I fully understand and willingly agree to abide by these terms.

| _____ | _____ | _____ |
|---|---|---|
| Participant's Printed Name | Signature | Date |

## E. MINOR (for student/non-members under 18 years of age, the parent or guardian completes this section in addition to Sections A and B; and C and D, where applicable.)

_____ has my permission to participate in the activity listed in Section A.

I have read, understand and agree to all provisions of Section A: Waiver; Section B: Medical Authorization; Section E: Minor; and Sections C and D, as appropriate; as related to my son/daughter's participation in this activity.

| _____ | _____ | _____ |
|---|---|---|
| Parent/Guardian Printed Name | Parent/Guardian Signature | Date |

Supervising Faculty/Employee Instructions:

- Employees of State Center Community College District **DO NOT** need to complete this form.
- Retain form per your campus document retention requirements.