



## Student Participation in District Sponsored Field Trip or Excursion Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Destination and Description of Activity: \_\_\_\_\_

Date(s) \_\_\_\_\_

In consideration of being permitted to participate in any way in the above Activity and as required by Title 5, Section 55220 of the California Code of Regulations, **I do hereby release, waive, discharge, and covenant not to sue** the Rancho Santiago Community College District (District), its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles 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.

I understand that there are risks associated with my participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location (s) or facility (ies). Nonetheless, **I assume all risks of my participation in this Activity**, whether known or unknown to me, including travel to and from the Activity or any events incidental to this Activity.

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

In the event of any illness or injury while participating in the activity listed above, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and 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.

If I provide my own transportation or ride with another student, it is fully understood that the 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 actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may 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 or responsibility for my transportation. I also understand that the driver is not driving as an agent of or on behalf of the District.

I understand that participants are to abide by all student code of conduct rules as specified in the catalog/handbook. There is to be no use of alcohol and/or illicit drugs. Any violation of these rules and regulations may result in my being sent home at my own expense.

GROUP WAIVER

Destination and Description of Activity: \_\_\_\_\_

Date(s) \_\_\_\_\_

I acknowledge that I have read the attached **Waiver of Liability, Assumption of Risk, and Indemnity Agreement** and fully understand its terms. I acknowledge that I know, understand, and appreciate the inherent risks of this Activity and I assume full responsibility for all injuries or damages, which may occur to me because of participating in this Activity, including travel to and from the Activity.

Participant's Name:	Cell Number	Emergency Contact Name/Relationship:	Contact's Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

*Please maintain this list for three (3) years in the Academic Department. Add a second page if necessary.*