



Student Participation in District Sponsored Field Trip or Excursion
ASSUMPTION OF RISK, VOLUNTARY WAIVER, HOLD HARMLESS, AND
MEDICAL TREATMENT AUTHORIZATION

Student's Name: _____ hereby requests participation in the following field trip or excursion.

Destination and Description of Activity: _____

Date(s) _____

I am voluntarily participating in this Activity. I acknowledge, understand and appreciate that as part of my participation in this Activity there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the Activity includes travel to and from the Activity. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from this Activity.

As required by Title 5, Section 55220 of the California Code of Regulations, I understand and agree that I shall hold the Rancho Santiago Community College District (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 the 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 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 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.

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.

Participant's Signature	Date	Telephone No.
-------------------------	------	---------------

Parent/Guardian Signature (Required if Participant under age 18)	Parent/Guardian Name (Please Print)
--	-------------------------------------

Family Medical Insurance Carrier: _____	Policy # _____
(e.g., Blue Cross)	

In the event of an emergency, please contact: _____	Name	Relationship	Tel No.
---	------	--------------	---------