



## Southwestern Community College District

### EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

Title 5, California Code of Regulations, Section 55450, States in part as follows:

"All persons making excursion or field trip shall be deemed to have waived all claims against the District or State of California for injury, accident, illness or death occurring during or by any reason of the excursion or field trip. All adults taking out-of-state excursion or field trips and all parents and guardians or guardians of the students taking excursions or field trip shall sign a statement waiving such claims."

In accordance with the Title 5, California Code of Regulations Section 55450, and in consideration of participation in said excursion or field trip, I hereby release the Southwestern Community College District, its officers, employees, and agents from and waive all claims for injury, accident, illness, death or prop damage occurring during or by reason of said excursion or field trip, except for any claims based upon fraud, willful injury to person or property, or violation of law, by the District, its officers, employees, agents, and further agree to indemnify and hold harmless the District, its officers, employees, and agents from any claims and actions for damage or injury which any person may assert by any reason of my conduct when participating in said excursion or field trip.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon deemed necessary for my safety and welfare. I agree that the resulting expenses will be my responsibility.

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Field Trip Name

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Date

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Print Name

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Student I.D. #

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Signature

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Date

By my signature hereon, I agree to abide by Southwestern Community College District Policy No. 6047 (Student Conduct Standards and Disciplines) while participating in said excursion or field trip. The policy includes, but is not limited to, prohibitions against behavior and the possession and/or use of alcohol and/or controlled substances. In addition, I agree to stay with the excursion or field trip for the duration of the activity.

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Health Insurance Carrier

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Policy Number

No Health Insurance Coverage

In case of an emergency, please contact:

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Name

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Relationship

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Address

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City, State, Zip Code

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( )  
Phone Number