



1830 W. ROMNEYA DRIVE, ANAHEIM, CA 92801

**STUDENT AND OTHER PARTICIPANT IN VOLUNTARY FIELD TRIP
RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION**

Date: _____

Student's/Participant's Name: _____ hereby requests participation in the following field trip:

Destination and Description of Activity: _____

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

Sponsor in Charge: _____ Position: _____ Telephone: _____

Type of Transportation: _____ I will use transportation provided by North Orange County Community College Dist. (District)
_____ I will accept responsibility for arranging my own transportation.
_____ Other _____

Health or special needs: Check as appropriate.

<input type="checkbox"/>	I have no special health needs the staff should be aware of, and no medication is required on the trip.
<input type="checkbox"/>	Attached is a list of my health conditions and instructions and I authorize it to be used by a medical doctor or dentist in the event of illness or injury. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

I understand that District employees are not trained or capable of handling medical emergencies, dispensing medication or administering injections and therefore, in the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. **It is understood that the resulting expenses will be the responsibility of the student/participant.** Further, I fully understand that participants are to abide by all rules and regulations governing conduct during the excursion/field trip.

As a condition of my participation in this activity, and as provided for in California Code of Regulations, Title 5, Division 6, Section 55450, I understand and agree to release, indemnify, defend and hold harmless (on behalf of myself and any minor children or an incompetent person for whom I have the capacity to contract) the District, its officers, agents, and employees, from any and all liability of claims, demands, losses, causes of action, expenses (including attorneys' fees), suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees (and any minor children or an incompetent person for whom I have the capacity to contract) may have against the District or that any other person or entity may have against the District because of my death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described excursion/field trip. I accept that the activity to which this release applies can be dangerous and as a result of signing below, I am accepting these risks for myself and any minor participants or an incompetent person for whom I can contract.

I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage for students who provide their own transportation or provide transportation to other individuals in connection with an excursion/field trip activity. **I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS OR AN INCOMPETENT PERSON I AM REGISTERING. (Parent or guardian must sign for students under 18 years of age or an incompetent person.)**

Student/Participant Signature Date Work Phone () _____
Home Phone () _____

Parent/Guardian Name (if applicable) - **Please Print and sign** Work Phone () _____
Home Phone () _____

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

In the event of an emergency, please contact:

(Name) (Relationship) Work () _____
Home () _____