

# Los Angeles Community College District

## EXCURSION/FIELD TRIP FORM

All participants complete Sections A and B:

- A. WAIVER
- B. MEDICAL AUTHORIZATION

Also complete Section(s) C and/or D and/or E, if applicable:

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

### A. WAIVER

Activity: \_\_\_\_\_

Campus/Class/Group: \_\_\_\_\_

Supervising Academic Employee: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand and agree that I shall hold the Los Angeles 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 the Los Angeles 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 of District vehicles 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 of  
Parent/Guardian on behalf of Minor Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

**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 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.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Signature of Adult Participant or of  
Parent/Guardian on behalf of Minor Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Medical Insurance Carrier

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Medical Insurance Carrier Address

\_\_\_\_\_  
Medical Insurance Carrier Phone

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

**Medical Condition:** Check here if you have a special medical condition and attach a description of that condition to this sheet.

**C. NON-CLUB MEMBER**

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-club member, I agree to abide by the provisions of Sections A and B, and, if applicable, Section(s) D and/or E.**

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

\_\_\_\_\_  
Participant's Printed Name                      Signature                      Date

**D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION**

I understand (college name: \_\_\_\_\_) may be providing transportation 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 the Los Angeles 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 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.

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 students/non-club 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.

\_\_\_\_\_  
Participating Minor's Printed Name

Check here if there are no medical conditions that the staff should be aware of and if your son/ daughter is not required to use any drugs during this activity.

**AND/OR**

**Drugs:** Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those which must be kept on the minor's person for emergency use, must be kept and distributed by District/College staff.

\_\_\_\_\_  
Name of drug and reason for use

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

\_\_\_\_\_  
Address                      Phone #                      Son's/Daughter's Date of Birth

After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising Academic Employee listed in Section A.

\_\_\_\_\_  
Signature of College Administrator Approving Completed Form                      Date