

The waiver below must be completed by any student participating in a field trip with Santa Barbara Community College District (the District).

FIELD TRIP WAIVER

NAME : _____ DATE: _____

ADDRESS: _____ K Number: _____

CITY/ZIP: _____ DATE OF BIRTH: _____

PHONE: _____

Name of Field Trip

Location

Dates of Field Trip

Instructor and Course Number

1. I understand I am required to observe the regulations and all standards described in the Santa Barbara City College (SBCC) [Standards of Student Conduct](#) and the California Education Code. (please check the box to confirm you will abide by regulations and standards)
2. I agree to follow all policies relating to the non-use of alcohol and drugs. The California Education Code and the District policy prohibits the possession and/or use of alcoholic beverages (regardless of students age), narcotics, or dangerous drugs. Prescription drugs must be listed on page 2 of this waiver.
3. I agree to conduct myself in a manner compatible with the District's function as an educational institution. In the event that I cause damages to facilities / equipment, I am liable for replacement costs. Behavior that would endanger others or myself will not be tolerated.
4. I agree not to have outside visitors participate in field trip activities. Requests for exceptions must be submitted in writing to the college advisor and approved prior to departing on the field trip.
5. I will meet regularly with the college advisor during the field trip if requested.
6. I will notify the college advisor, in advance and provide specific plans, if I leave the event site during the field trip.
7. I will assume financial responsibility for any fees paid for me if I decide, for any reason, not to attend the above named field trip after this form is signed. This includes if applicable, registration, travel and lodging expenses etc. (Although an attempt will be made to replace me if I cancel, there is no guarantee and if a replacement cannot be found, I will be responsible for all costs associated with my reservation).
8. If transportation arrangements are provided by SBCC and I choose not to utilize this service I will follow caravan rules and complete the "Voluntary Transportation" section of this form.
9. I understand the staff member(s) in charge are in complete authority at all times and I will follow all of their directives.

MEDICAL TREATMENT:

The above student expressly acknowledges the existence of some inherent risks of personal injury in participating in said activity including the risk of (1) Minor injuries such as scratches, bruises, and sprains (2) Major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions and (3) Catastrophic injuries including paralysis and death. The student acknowledges that these inherent risks exist, and agrees to assume the risks of such injuries resulting from his/her participation in this field trip. Above student further agrees to indemnify and hold harmless Santa Barbara Community College District, its officers, agents, employees, volunteers, Board of Trustees and fellow students from and against any and all claims, demands, liabilities, judgments, losses, damages and costs of any kind including all expenses (medical, legal or otherwise), attributed to the negligent acts or omissions of student while on the field trip.

In the event the above named is injured, the above student authorizes medical treatment deemed necessary and holds harmless any medical treatment facility or its personnel who administer such treatment.

HEALTH OR SPECIAL NEEDS:

Check as appropriate: (REQUIRED TO ANSWER ONE)

- I have no special health needs the staff should be aware of, and no medication is required on the trip
- I have a special need, and instructions are included in the Notes section below.
- Other:

NOTES:

In case of emergency please contact: _____

Relationship: _____

Phone # _____

Medical Insurance Carrier: _____

Policy # _____

Please list any prescription medication: _____

**VOLUNTARY TRANSPORTATION:
 (Complete only if driving separately)**

An adult student (over 18 years of age) may use his or her own private vehicle on a voluntary basis provided the student agrees to hold the college harmless, show evidence of insurance, current vehicle registration and a valid drivers license, no less than 3 working days before such use. Such use shall not be allowed for field trips without prior approval of the responsible department manager, department chairperson or division chairperson.

I understand the District may be providing transportation to and from the above activity, however, I may not wish to avail myself of the transportation provided by the District. Please explain reason:

The above student hereby requests permission to provide for his/her own transportation at his/her own expense.

It is fully understood and agreed that the District is in no way responsible, nor does the District assume liability for any injuries, losses or death, resulting from this non-District sponsored transportation. Although the District may suggest travel times, routes, or caravanning to or from this event, I fully understand that such suggestions are not mandatory.

Driver's License #: _____ Exp. Date: _____

Year/Make of Auto: _____ Insurance Carrier/Agent: _____

Policy #: _____ Liability Limits: _____ Exp. Date: _____ Phone: _____

Driving Restrictions (If any) _____

I understand that any violation of this agreement may result in disciplinary action as defined in the SBCC Standards of Student Conduct approved above. To the greatest extent allowed by law, student shall indemnify, defend and hold District, its officers, agents, employees, volunteers, and Board of Trustees harmless from all claims, demands, liabilities, judgements, losses, damages, and costs (including payment of all attorney's fees and expert fees) of every kind or nature arising out of or in connection with the field trip.

I have read and agree to abide by all the terms set forth in this agreement.

STUDENT SIGNATURE: _____ DATE: _____

List below the NAME AND ADDRESS of parent, guardian or person to be notified in case of emergency. **In the event of a medical emergency, I authorize medical treatment deemed necessary and hold harmless any medical facility or its personnel, Santa Barbara Community College District, its employees, or fellow students.**

_____ I am the parent or legal guardian of participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing the Agreement.

I have read this waiver and I understand its terms. I execute it voluntarily and with full knowledge of its significance.

 Signature of participant's Parent or Legal Guardian Date

 Print name of signatory Date

Approved:
 Event Organizer: _____ Date: _____

District Approval Signature: _____ Date: _____