NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

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.

	I have no special health needs the staff should be aware of, and no medication is required on the trip.
	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:_____
	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 event/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.)**

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

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

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

In the event of an emergency, please contact:

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

See other Side