



**SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
VOLUNTARY FIELD TRIP/EXCURSION/FIELD STUDY COURSE WAIVER AND
MEDICAL TREATMENT AUTHORIZATION**

All field trip/excursion/field study course (hereafter referred to as "trip") participants shall complete this form and shall provide to the instructor of record for review and approval at least two weeks prior to the voluntary trip course date. Completing this form is mandatory in order to participate in this trip.

Participant Name:		Telephone Number:
Student Participant's Address:		
Emergency Contact Name:	Telephone Number:	Relationship:
Sponsoring Site:	Division/Department:	
Class Title:	Class Ticket #:	
Instructor of Record:	Instructor's Telephone Number:	
Location(s) (Attach a separate sheet if necessary):	Address(es) (Attach a separate sheet if necessary):	
Date(s) of Field Trip/Excursion/Field Study Course:	Time(s) of Field Trip/Excursion/Field Study Course:	
Description of Field Trip/Excursion/Field Study Course Activity:		

I understand South Orange County Community College District may or may not be providing transportation to and from this District sponsored trip. By signing this form, I understand if I choose to personally provide my own transportation for the aforementioned field trip/excursion, I do so at my sole expense and discretion. I also agree to hold South Orange County Community College District harmless from any accident, injuries, losses, or death resulting from the use of my own transportation.

Per Title 5, California Code of Regulations § 55220, by participating in the trip, I am deemed to have waived all claims against South Orange County Community College District or the State of California for injury, accident, illness, or death occurring during or by reason of the trip.

I acknowledge that I have read, understood, and will observe all provisions related to Board Policy (BP) and Administrative Regulation (AR) 6125 - Field Trips, Excursions, and Field Study Courses.

I hereby waive any right to inspect or approve the use of any film, images and/or recordings taken during my participation in this trip. I give my permission to the District to reproduce, use, exhibit, display, broadcast such film, images, and/or recordings on social media or otherwise. I also waive any right to compensation arising from or related to the use of the images, recordings, or materials.

As a condition of my participation in this trip, I certify that I have read, understand, and will adhere to all standards of conduct becoming of a representative of South Orange County Community College District as defined in BP and AR 5401 - Standards of Conduct, as well as any and all applicable Saddleback College/Irvine Valley College Student Codes of Conduct. Any violation of these rules and regulations may result in my dismissal from the trip with any expenses incurred being my responsibility.

Should I require disability-related reasonable modifications or an accommodation during this trip, I will advise my instructor of record in writing.

I have no known medical condition(s), which may pose a risk to my health and/or the safety of others by participating in the activity(ies) while on this trip. Should I have a medical, physical, or health condition that would preclude me from participating in this trip, I understand it is my responsibility to request in writing from my instructor that I be excused and an alternate assignment be provided.

In the event that I am injured or become ill due to my participation in the above mentioned trip, I hereby authorize and consent to x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, emergency medical treatment, or hospital care from a licensed physician and/or surgeon, as well as emergency transportation as deemed necessary for my safety and welfare. I understand that all resulting expenses will be my responsibility.

I acknowledge that the location(s) originally identified may change due to unforeseen circumstances, and hereby provide advanced consent to any alternate locations as may be required for my continued participation.

PARTICIPANT OR PARTICIPANT’S PARENT/LEGAL GUARDIAN ACKNOWLEDGES THAT SHE/HE HAS READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTANDS THESE TERMS AND THE LEGAL CONSEQUENCES, FREELY AND VOLUNTARILY SIGNS THIS VOLUNTARY FIELD TRIP/EXCURSION/FIELD STUDY COURSE WAIVER AND MEDICAL TREATMENT AUTHORIZATION FORM.

PARTICIPANT OR PARTICIPANT’S PARENT/LEGAL GUARDIAN (IF VOLUNTARY PARTICIPANT IS UNDER THE AGE OF 18):

Signature of Student, if 18 years or older:		Date:
Name of Parent/Legal Guardian:	Signature:	Date:

Instructor of Record’s Signature:	Date:
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**INSTRUCTIONS AND INFORMATION FOR COMPLETING VOLUNTARY FIELD TRIP/EXCURSION/FIELD STUDY COURSE
WAIVER AND MEDICAL TREATMENT AUTHORIZATION FORM**

This form is to be completed by a student or non-student who voluntarily wishes to participate in a District sponsored field trip, excursion, or field study course.

The Instructor of Record shall print or type in their name, telephone number, and sign upon receipt from student.

Note: This form is not for Board approved volunteers. This form should not be completed and signed for events/activities which are not deemed Field Trips, Excursions, or Field Study Courses, as defined in BP and AR 6125.

Voluntary participant may provide a separate sheet reflecting multiple locations and dates, as well as times of events/activities to encompass all trips scheduled for the entire semester.

Submit when applicable to the Instructor of Record, a written accommodation request related to any medical conditions or special needs prior to signing this form.

Please provide a completed and signed original form to the Division Dean and a copy to Risk Management at riskmanagement@socccd.edu. A copy shall be retained and accessible by the Instructor of Record during the entire trip.

Should you have any questions with regards to this form or when this form is applicable to your event/activity, please contact the Office of Risk Management at riskmanagement@socccd.edu.