



**VOLUNTARY FIELD TRIP/EXCURSION WAIVER FORM AND MEDICAL AUTHORIZATION AGREEMENT**

A Field Trip/Excursion Waiver Form must be completed and is MANDATORY for each student in attendance at an off-campus field trip/excursion (Traveling by car, bus, van, train, or plane). This form must be provided to the appropriate Division Dean and Office of Instruction of the college for review and approval at least two weeks prior to the voluntary field trip/excursion date. There will be NO EXCEPTIONS made.

Name of Student Participant: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student Participant's Address: \_\_\_\_\_ Student Participant's Phone #: \_\_\_\_\_

Student Participant's Health Insurance Provider and Policy #: \_\_\_\_\_

Sponsoring Division/Department: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Instructor Phone #: \_\_\_\_\_

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

Location and Address of Activities: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

District will be providing transportation:  Yes  No

I understand South Orange County Community College District may or may not be providing transportation to and from this District sponsored field trip/excursion. By signing this Agreement, 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 field trip/excursion, 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 field trip or excursion.**

I hereby waive any right to inspect or approve the use of any film, images and/or recordings taken during my participation in this field trip/excursion. 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 field trip/excursion, I certify that I have read, understand and will abide by the Saddleback College/Irvine Valley College Student Code of Conduct.

Should I require disability-related modifications or an accommodation during this field trip/excursion, I will advise my Instructor, Division Dean, and the Vice President of Instruction in writing.

I have no known medical condition(s), which may pose a risk to the health and safety of others or me by participating in the activity(ies) while on this field trip/excursion. I agree to advise the District in writing of any medical, physical or health condition which may preclude me from participating in this field trip/excursion.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. In the event of an accident or sudden illness, the Instructor of the field trip/excursion has my permission to render whatever emergency medical treatment may be deemed necessary for me.

\_\_\_\_\_  
Signature of student, if 18 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian, if student is under 18 years

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date