ANTELOPE VALLEY COLLEGE

# STUDENT FIELD TRIP WAIVER

**The waiver below must be completed by any student participating in a VOLUNTARY field trip with Antelope Valley Community College District ("District").**

| | | | |
|---|---|---|---|
| Participant Legal Name (PRINT): | | Participant Preferred Name (PRINT): | |
| Is Participant a Minor: | ☐Yes ☐ No | Student ID #: | |
| Date(s) of Activity: | | Participant Mobile #: | |
| Activity Name: | | Location: | |
| Description of Activity: | | | |
| Name of Travel Advisor: | | | |

1. I understand I am required to observe the regulations and all standards described in the District's Student Code of Conduct and the California Education Code (please initial to confirm you will abide by regulations and standards).

   Participant's Initials: _____ Guardian's Initials (if Participant is a Minor): _____

2. I agree to follow all policies relating to no use of alcohol and drugs. The California Education Code and the District policy prohibits the possession and/or use of alcoholic beverages (regardless of Participant's 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 Travel Advisor and approved in writing prior to departing on the field trip.
5. I will meet regularly, and when requested, with the Travel Advisor during the field trip.
6. I will obtain prior approval from the Travel Advisor, if there is a need to leave the event site during the field trip. Minors may not leave the event site unless accompanied by adult chaperone.
7. I will assume financial responsibility for any fees paid for me if I decide, for any reason, not to attend the above activity 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. I will be responsible for any additional expenses that I incur during the trip that are not preauthorized, including but not limited to charges to the hotel room (e.g., room service, in-room movies) or travel expenses resulting from disciplinary actions.
9. If transportation arrangements are provided by the District and I choose not to utilize this service, I will complete the "Voluntary Transportation Agreement for Adult Students" section and submit to the Travel Advisor.
10. I understand the Travel Advisor, Chaperone's and staff member(s) are always in charge and in complete authority, and I will follow all their directives.

## IN CASE OF EMERGENCY:

List below the contact information of parent(s), guardian(s) or person(s) to be notified in case of emergency.

| | | | | | |
|---|---|---|---|---|---|
| Emergency Contact Name (PRINT): | | Phone #: | | Relationship: | |
| Emergency Contact Name (PRINT): | | Phone #: | | Relationship: | |

**In the event of a medical emergency, I, the Participant, authorize medical treatment deemed necessary and hold harmless any medical facility or its personnel, Antelope Valley Community College District, its employees, or fellow students.**

Participant's Initials: _____ Guardian's Initials (if Participant is a Minor): _____

## MEDICAL TREATMENT:

The Participant expressly acknowledges the existence of some inherent risks of personal injury in participating in said activity including, but not limited to, 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 Participant acknowledges that these inherent risks exist, and agrees to assume the risks of such injuries resulting from his/her/their participation in this field trip. Above Participant further agrees to indemnify and hold harmless Antelope Valley 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 Participant while on the field trip.

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

Medical Insurance Carrier: _____ Policy #: _____

## HEALTH OR SPECIAL NEEDS:

Check as appropriate: (REQUIRED TO SELECT ONE):

☐I do not have any physical or mental health conditions, allergies, or medication needs that the trip staff should be aware of.
☐I have a physical or mental health condition, allergy, or medication need that may be relevant during the trip. I have provided details in the Notes section below (attach additional pages if necessary).

Notes: _____

_____

_____

Please list any prescription medication: _____

*Any information you provide is voluntary, will be kept confidential, and will only be shared with trip staff as needed to support your health, safety, and participation in the trip.*

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

**Participant**
Legal Name: _____ Preferred Name: _____

Signature: _____ Date: _____

**If Minor**
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.

Print Name of Legal Guardian: _____

Signature of participant's Parent or Legal Guardian: _____ Date: _____

**FOR DISTRICT USE:**

☐ Approved Trip Advisor Name: _____

☐ Disapproved Trip Advisor Signature _____ Date: _____

## VOLUNTARY TRANSPORTATION AGREEMENT FOR ADULT STUDENTS:

**(Complete this page ONLY if driving separately)**

An adult student Participant may use alternate transportation on a voluntary basis provided the Participant agrees to hold the District harmless. Such use shall not be allowed for field trips without prior approval of the Travel Advisor or Travel Advisors Dean, when Travel Advisor is a Faculty member.

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.

The Participant hereby requests permission to provide for his/her/their own transportation, at his/her/their own expense, for:

(check one): ☐**Transportation To Field Trip** ☐ **Transportation From Field Trip** ☐ **Transportation Both Ways**

It is fully understood and agreed that the District is in no way responsible, nor does the District assume liability for anyinjuries, 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.

Participants who use their own private vehicle must complete the following and provide evidence of insurance, current vehicle registration and a valid driver's license to Travel Advisor no less than 3 working days before such use:

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

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

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

Driving Restrictions (If any): _____

Legal and Preferred Name of other Participants carpooling (as applicable):_____

**I understand that any violation of this agreement may result in disciplinary action as defined in the District's Student Code of Conduct agreed to above. To the extent allowed by law, Participant shall indemnify, defend and hold Antelope Valley Community College 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.**

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

**Adult Student Participant**

Legal Name: _____ Preferred Name: _____

Signature: _____Date: _____