Monterey Peninsula College

Fieldtrip/Excursion Liability Waiver-Form A (Adult Students) Voluntary Assumption of Risk For Students under 18, please refer to the Minor Liability Waiver Form B

Name of Student (please print):		
-		as to dates and purpose:
Name of event:		_ Location:
Completion of this form is required for all	student fieldtrip/excu	rsion activities.
	EAD CAREFULLY A this release I understar	ND COMPLETELY nd and agree to the following:
1. I understand that this fieldtrip is a volunta	ry act on my part and th	nat I am not required to participate in this fieldtrip/excursion.
damage or death to student, whether from permit him/her to participate in the progr death. Student releases and discharges the "district") from all liability arising out of, including travel, EVEN LIABILITY ARIS agreement, liability means all claims, dem student or student's heirs, executors, admentity may have against the district, becauproperty, that occurs during the above des NEGLIGENCE OF THE DISTRICT.	ation in the fieldtrip/en accident or intentions ram, the student hereby e district, its officers, e or in connection with SING FROM THE DIS ands, losses, causes of inistrators or assignee use of any death, person scribed activity and th	scursion carries with it the risk of personal injury, property al misconduct of a third person. In order for the district to y accepts and expressly assumes all risk of such injury or imployees and servants (herein collectively referred to as student's participation in the above described activity, STRICT'S NEGLIGENCE. For the purposes of this action, suits, or judgments of any and every kind that the is may have against the district, or that any other person or nal injury or illness, or because of any loss of or damage to lat results from any cause INCLUDING THE
agrees to hold harmless, defend and inden	nnify the DISTRICT for the nection with the STUD	150 regarding fieldtrips or excursions, Student further from any and all liability, as defined above, resulting from, DENT'S participation in the above described activity, OF THE DISTRICT.
	UDENT authorizes th	ey: e consent to any x-ray examination, anesthetic, medical, the DISTRICT Faculty Sponsor deems necessary for the
I have read the above and understand its	terms. I execute it volu	intarily and with full knowledge of its significance.
Signature of Adult Student	Date	Student ID Number
Signature of Advisor/ Coach/ Instructor		Date
In the event of an emergency, please conta	nct: Name	Relationship
at the following number: Daytime Phone		Evening Phone
Dayume Phone		Evening rudile