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 \underline{all}	student fieldtrip/excu	ursion activities.
	EAD CAREFULLY A his release I understa	ND COMPLETELY nd and agree to the following:
1. I understand that this fieldtrip is a voluntar	y 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 progra death. Student releases and discharges the "district") from all liability arising out of, including travel, EVEN LIABILITY ARIS agreement, liability means all claims, dema student or student's heirs, executors, admi entity may have against the district, becaus property, that occurs during the above des NEGLIGENCE OF THE DISTRICT.	ation in the fieldtrip/es accident or intention am, the student hereb district, its officers, e or in connection with SING FROM THE DI ands, losses, causes of nistrators or assigned se of any death, perso accibed activity and the	accursion carries with it the risk of personal injury, property al misconduct of a third person. In order for the district to by accepts and expressly assumes all risk of such injury or employees 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 es may have against the district, or that any other person or anal injury or illness, or because of any loss of or damage to nat results from any cause INCLUDING THE
agrees to hold harmless, defend and indem	nify the DISTRICT f	450 regarding fieldtrips or excursions, Student further from any and all liability, as defined above, resulting from, DENT'S participation in the above described activity, COF THE DISTRICT.
	UDENT authorizes th	cy: the consent to any x-ray examination, anesthetic, medical, the DISTRICT Faculty Sponsor deems necessary for the
I have read the above and understand its to	erms. I execute it volu	untarily 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 contact	ct: Name	Relationship
	rvaine	Retationship
at the following number:		Evening Phone