

Monterey Peninsula College

Fieldtrip/Excursion Hold Harmless Agreement

Adult Student: Yes No (circle one) Minor Student (under 18) Yes No (circle one)

All participants must be enrolled as a student in this activity(ies).

Name of Student (please print) _____ Name of Parent or Guardian (if applicable) _____
Age: _____ Advisor/Coach/Instructor Supervising Event: _____
Name of event: _____ Location: _____
Date of Activity(ies). Please list dates and their purposes (if multiple): _____

Completion of this form is required for all mandatory student fieldtrip/excursion activities.

By signing this release I understand and agree to the following:

1. I understand that this fieldtrip/excursion may pose the potential risk of serious injury/illness to individuals who participate in such activities.
2. In accordance with CA Code of Regulations, Title 5, Section 55450 regarding fieldtrips or excursions, the Student/Parent/Guardian agrees to hold harmless, defend and indemnify the Monterey Peninsula Community College District, its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought or recovered against any of the above arising from, or allegedly arising from, the negligence of the Student/Parent/Guardian participating in the above described activity.
3. That I am granting permission in the event of a medical emergency:
In the event of any medical emergency the Student/Parent/Guardian authorizes the consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the DISTRICT Faculty Sponsor deems necessary for the safety and protection of the STUDENT.

I have read the above and understand its terms. I execute it with full knowledge of its significance.

Signature of Student _____ Date _____ Signature of Parent/Guardian (if applicable) _____ Date _____

Address _____ Signature of Advisor/ Coach/ Instructor _____ Date _____

In the event of an emergency, please contact: _____

at the following number: _____

Day Phone

Evening Phone

If there are any special medical problems, please attach a description of the problem to this sheet.

A special note to Parent/Guardian: (1) All drugs must be registered on this form; (2) All drugs, except those which must be kept in the student's possession for emergency use, must be kept and distributed by the staff; (3) Any medications or drugs to be taken by the student must be listed along with a reason on this sheet (attach if necessary).