

Monterey Peninsula College

Fieldtrip/Excursion Liability Waiver-Form - Voluntary Assumption of Risk

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 voluntary student fieldtrip/excursion activities.

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

1. I understand that this fieldtrip/excursion is a voluntary act on my part and that I am not required to participate in this fieldtrip/excursion.
2. By participating in this field trip/excursion, I am assuming certain risks and I am waiving certain rights: **Student/Parent/Guardian understands that participation in the fieldtrip/excursion carries with it the risk of personal injury, property damage or death to the participant, whether from accident or intentional misconduct of a third person.** In order for the District to permit participation in the program, the student/parent hereby accepts and expressly assumes all risk of such injury or death. Student/Parent/Guardian releases and discharges the district, its officers, employees and servants (herein collectively referred to as "district") from all liability arising out of, or in connection with student's participation in the above described activity, including travel, **EVEN LIABILITY ARISING FROM THE DISTRICT'S NEGLIGENCE.** For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that the student or student's heirs, executors, administrators or assignees may have against the district, or that any other person or entity may have against the district, because of any death, personal injury or illness, or because of any loss of or damage to property, that occurs during the above described activity and that results from any cause **INCLUDING THE NEGLIGENCE OF THE DISTRICT.**

In accordance with CA Code of Regulations, Title 5, Section 55450 regarding fieldtrips or excursions, Student/Parent/Guardian further agrees to hold harmless, defend and indemnify the DISTRICT from any and all liability, as defined above, resulting from, or in any manner arising out of, or in connection with the participation in the above described activity, **EVEN IF SUCH LIABILITY IS DUE TO THE NEGLIGENCE OF THE DISTRICT.**

3. That I am granting permission in the event of a medical emergency: **In the event of any medical emergency 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 voluntarily and 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: _____
Name Relationship
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).