

**SOUTHWESTERN COMMUNITY COLLEGE DISTRICT
EXCURSION LIABILITY RELEASE and AGREEMENT**

Completion of this form is required for participation by students/non-students in any and all out of state/country, over 150 miles, and/or overnight excursions (field trips, tours, club activities, or any other special event) sponsored by the Southwestern Community College District. No one will be permitted to attend/participate in the excursion specified below unless this form has been completed, approved, and signed by the participant, faculty/staff Supervisor, and Dean of Student Activities no later than the day of the excursion. The completed and signed form is to be forwarded to the Office of Student Activities/Health Services.

The Southwestern Community College District ("District") grants

The participant(s), who have read the information below and have signed the reverse side of this form, have permission to participate in the excursion specified below:

_____ scheduled for _____, 20__

In consideration of the permission granted by the District to the Participant(s) to participate in the excursion named above, the undersigned, understand and agree as follows:

Release and Indemnification - In accordance with Title 5, California Code of Regulations section 55450, and in consideration of my participation in said excursion, I hereby release the Southwestern Community College District, its officers, employees and agents from and waive all claims for injury, accident, illness, death, loss of property, or property damage occurring during or by reason of said excursion, except for any claims based upon the fraud, willful injury to person or property, or violation of law, by the District, its officers, employees and agents, and further agree to indemnify and hold harmless the District, its officers employees and agents from any claims and actions for damage or injury which any person may assert by reason of my conduct while participating in said excursion.

Rules and Requirements - Agree to accept all rules and requirements of the excursion; observe the designated schedule and follow the instructions given by the District's supervisory personnel in all matters pertaining to the excursion. I grant the District, acting by and through the personnel designated to supervise said excursion, the right to terminate my participation in the excursion if it is determined by them that my continued participation is detrimental to or in conflict with the purpose of the excursion, or is not in harmony with the best interests of the other participants and/or supervisory personnel. Violation of any of the stated rules or regulations pertaining to this excursion will result in my immediate removal from said excursion.

Medical Consent - In a medical emergency arising during the course of the excursion, I grant to the District acting through its designated supervisory personnel full authority to take any action deemed necessary to protect my health and safety at my expense, including but not limited to placing me under the care of a doctor, hospital and/or other qualified medical personnel to examine and/or treat.

Injury/Illness - If you become ill or injured while taking part in a class-related excursion, you may have secondary medical coverage under Student Health Insurance. Immediately upon your return from the excursion contact Health Services, Ext. 6354 For medical coverage information and claim form(s).

Drug and Alcohol Statement - Use, possession, sale, distribution, or manufacture of, or the attempted sale, distribution, or manufacture of alcohol and drugs on college properties or at official college functions is unlawful or otherwise prohibited by college policy or campus regulations.

If the participant is younger than 18 years of age, this form must be signed by the participant's parent or legal guardian.
Note: Minors may not participate in any international travel/activity

I hereby authorize the individuals listed on the reverse side of this form to participate in this excursion with the terms and conditions described above and affirm that I personally observed each official signing this form.

Printed Name of Faculty/Advisor Supervising Excursion

Signature of Faculty/Advisor Supervising Excursion

Date

Printed Name of Dean, Student Activities/Health Services
or Designee

Signature of Dean, Student Activities/Health Services
or Designee

Date

