



**STUDENT FIELD TRIP WAIVER  
(Use with all field trip applications)**

DESTINATION	DEPARTURE DATE	RETURN DATE

**PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:**

\_\_\_\_\_ I understand and acknowledge that participation in this activity is completely voluntary and, as such, is not required by the Shasta-Tehama-Trinity Joint Community College District (STTJCCD).

\_\_\_\_\_ I hereby agree to assume liability and responsibility for any and all potential risks that may be associated with participation in this activity, and insofar as the law allows, I hereby hold the STTJCCD, its officers, agents and employees harmless from any and all liability or claims arising out of, or in connection with, my participation in this activity. (*Section 55220, Title 5, California Code of Regulations*).

\_\_\_\_\_ In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

**STUDENTS PROVIDING THEIR OWN TRANSPORTATION (choose 1 or 2) & INITIAL THE FOLLOWING:**

1. \_\_\_\_\_ I hereby acknowledge and understand that the District is **NOT** providing transportation to the above designated activity and that it is my responsibility to arrange for transportation.

2. \_\_\_\_\_ I hereby acknowledge and understand that the District **IS** providing transportation to the above designated activity, and I have chosen to make my own separate travel arrangements instead.

\_\_\_\_\_ I acknowledge and understand that the driver is not driving on behalf of, or as an agent of, the Shasta-Tehama-Trinity Joint Community College District. Further, I acknowledge that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

\_\_\_\_\_ I fully understand that the District is in no way responsible, nor does the District assume liability, for any injuries or losses resulting from this non-District-sponsored transportation. Although the District may assist in coordinating the transportation and/or recommend travel time or routes for this event, I understand that such recommendations are not mandatory

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Student Name (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date of Birth (*If under 18*): \_\_\_\_\_

Parent/Guardian Signature (*required for students under 18*) \_\_\_\_\_

**IN THE EVENT OF ILLNESS OF INJURY, PLEASE NOTIFY:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**\*DISABILITY RELATED ACCOMMODATION NEEDED: Sign Language Interpreter Wheelchair Access Other**

**\*\*Please provide two weeks' notice for an accommodation request to: PACE, Rm. 2005\*\***