



STUDENT FIELD TRIP WAIVER –TRANSFER CENTER TRIPS

DESTINATION: _____ ACTIVITY DATE: _____

PICK UP LOCATION (if available) : Shasta College Main Campus Red Bluff Anderson Weaverville
 Driving Self (see below) Other _____

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.

***FOR STUDENTS PROVIDING THEIR 'OWN' TRANSPORTATION, INITIAL THE FOLLOWING:**

_____ 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.

STUDENT INFORMATION RELEASE

_____ I certify that the Shasta College Transfer Center may send my information (first and last name, email, phone number, address, and/or major) to the school in which I am planning to attend a field trip.

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Student Name (Print): \_\_\_\_\_ Student Signature \_\_\_\_\_

Student ID# \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Involved Programs:  EOPS  TRIO  Other \_\_\_\_\_

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: Transfer Center, Room #126\*\***

VPAS/SLN 01/11/18- 2 sided form      Distribution: Original to Division/Dept./office      Copy to certificated member in charge of the trip  
(Original will be kept on file in the Division/Department Office for one year)

**- Shasta College is an equal opportunity educator and employer -**



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## Publication Release Form

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I have voluntarily agreed, without compensation of any kind, to appear or allow my art work or image to appear in any print, film, digital likeness or videotape produced by the Shasta-Tehama-Trinity Joint Community College District.

The Shasta-Tehama-Trinity Joint Community College District shall have the right and may grant to others the right to disseminate, print, alter and publish my name, likeness and biographical material, in connection with any publicity and promotion of the print, film, digital likeness, videotape or art work, except for the direct endorsement of any product.

I hereby release and discharge the Shasta-Tehama-Trinity Joint Community College District and its respective agents, employees, successors, assigns and licensees from any and all claims, liabilities and obligations of any kind of nature that may arise from my appearance or participation or art work incorporated in the print, film, digital likeness or videotape of any exhibition thereof.

I agree that the Shasta-Tehama-Trinity Joint Community College District has no obligation to exhibit or televise my performance or art work or otherwise use my likeness or art work in its print, film, digital or videotape.

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Print Name

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Address

City

State

Zip

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eMail address

Telephone No.

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Signature

Date

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Parent or Legal Guardian Name (if talent is under 18 years old)

Signature

**\* Upon completion of this form, please return to the Marketing Department, Room 113, Administration Building, or put into an interoffice memo envelope and send to the Marketing Department mailbox.**

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