

**COPPER MOUNTAIN COMMUNITY COLLEGE DISTRICT**

**JOSHUA TREE, CALIFORNIA**

**NOTICE OF FIELD TRIP AND WAIVER OF LIABILITY**

**NOTICE TO STUDENTS:** On(date) \_\_\_\_\_

The (department/class/ club name) \_\_\_\_\_ will go on a

field trip to (place)\_\_\_\_\_

by (method of transportation) \_\_\_\_\_ and will return on(date)\_\_\_\_\_.

A written waiver of liability from the adult student must be on file for each student attending this trip. Kindly fill out the lower portion of this form and return it to **The Business Office** .

This field trip is voluntary. Although the student is encouraged to attend, attendance is not required.

Thank you.

\_\_\_\_\_  
Receiver

\_\_\_\_\_  
Date



**WAIVER, RELEASE AND INDEMNITY AGREEMENT**

DESTINATION: \_\_\_\_\_

DEPARTURE DATE \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

Pursuant to 5 California Code of Regulations 55220, I hereby hold harmless and waive all claims and liability against the Copper Mountain Community College District, its officer, agents, employees, and volunteers, for injury, accident, illness, or death occurring during or by reason of the above referenced field trip or excursion.

In consideration of the Copper Mountain Community College District allowing the undersigned to participate in the field trip, and in addition to the waiver pursuant to 5 California Code of Regulations 55450 set forth above,

I (Participant Name ) \_\_\_\_\_

1. Hereby release, waive, discharge and covenant not to sue the Copper Mountain Community College District, its officers, agents, employees and/or volunteers (Releasees) from all liability to the Participant, his or her personal representatives, assigns, heirs, and/or next of kin for any and all loss or damage and any claim or demands therefore, on account of injury to the person or property or death of the Participant, whether or not caused by Releasees, during Participant’s participation in the above referenced field trip or excursion; and,
2. Hereby agree to indemnify, save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence or any action of the Participant while participating in the field trip or excursion and whether or not caused by the negligence of the Releasees. The undersigned Participant expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as it is permitted by law the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

The undersigned Participant warrants the following statements are true and correct and understands that Releasees have relied upon them in entering the foregoing release, waiver and indemnity agreement and in giving the undersigned Participant permission to participate in the field trip or excursion:

1. No oral representation, statements or inducements apart from the foregoing written agreement have been made.
2. The undersigned participant understands that the field trip or excursion is a voluntary activity.
3. The undersigned Participant, is fully aware of the risks and hazards that may arise from participation in the above referenced field trip or excursion and hereby elects voluntarily to participate in the field trip or excursion, with full knowledge of the risks inherent. The undersigned Participant hereby voluntarily assumes all risk of loss, damage, or injury that may be sustained by Participant while participating in the field trip or excursion.
4. The undersigned Participant releases Copper Mountain Community College District and/or its officers, agents or employees, to arrange for his or her medical treatment, if necessary, at Participant's expense. In the event the undersigned Participant is unable to give instructions for medical care, full authorization is given to any licensed physician and/or surgeon to whom the undersigned Participant is taken, to treat, administer drugs and medication, and to perform surgical treatment, as he or she shall think the existing emergency required for the relief of pain and/or the preservation of life and/or health and well-being. The undersigned Participant understands that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required; instead it is given to provide the authority and power to the District to be in a position to make necessary arrangements for attempting to secure reasonable care under emergency circumstances. Any costs incurred in this connection not covered by the undersigned's insurance shall be paid by the undersigned.

I have read this release, waiver and indemnity agreement, understand it and sign it voluntarily.

Participant's Name (please print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Participant's Address/City & Zip Code Telephone

\_\_\_\_\_  
Medical Insurance Carrier Policy Number



# Copper Mountain Community College District

## FIELD TRIP PARTICIPATION FORM



I, \_\_\_\_\_ (student's printed name) have read, understand and am willing to observe each of the following regulations without reservation.

1. This voluntary field trip is a College sponsored activity, therefore, the rules of conduct as stated below are in effect:
  - a. Basic responsibilities: Each participant, student or advisor shall recognize his/her responsibility for proper conduct during a trip to, from and at the event.
  - b. Regulations of Conduct: It is contrary to California State Law to possess, serve or consume ALCOHOLIC BEVERAGES or other drugs at any school function.... regardless of the age of those participating. Any infringement of this or other rules may lead to dismissal from school and the immediate return of the entire group as deemed necessary by the advisor(s).
    - i. Illegal drugs will not be permitted on any field trip.
    - ii. The responsibility for property damage on any trip - defined by law.
  
2. Arrangement will be made for transportation and I will stay with the group the entire trip. If I drive a car I will follow caravan rules.
  
3. I understand that the staff member(s) in charge are in complete authority at all times and I will follow all of their directives.

List below is the name and address of parent, guardian or person to be notified in case of emergency. In the event of a medical emergency, I authorize medical treatment deemed necessary and hold harmless any medical facility or its personnel, Copper Mountain College, its employees, or fellow students.

Person to contact in case of emergency	Phone
Address	
Student Signature	Date
Signature of Parent or Guardian (Students under 18 yrs. old)	Date



## ***Media Release Form***

I, \_\_\_\_\_, do hereby grant Copper Mountain College permission to use my name, voice, photograph, video, and/or images on the college websites, media releases, slideshows, videos, social media, live streams, television, or other public information projects such as commercials, posters, banners and brochures, without restriction, at the discretion of the College. I understand and agree this material will become the property of Copper Mountain College and I expect no payment for this use.

I hereby hold harmless and release and forever discharge Copper Mountain College from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons et al, acting on my behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I acknowledge I am of legal age to provide this consent.

*If you have questions about this form and its use, please contact the President's Office.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Staff Use**

Event/Location: \_\_\_\_\_

Role/Identifier: \_\_\_\_\_