Associated Students of Santa Monica College
FIELD TRIP FORM

EARLY DEPARTURE: RELEASE and WAIVER
Please return to the A.S. Office 5 business days prior to field-trip.
The Supervising Advisor should carry at least 2 blank forms for students who may have emergencies and need to leave the field trip early.

The undersigned agrees to hereby hold harmless and releases and forever discharges the Board of Trustees of the Santa Monica Community College District, and the officers and employees thereof, from any and all claims and demands whatsoever which the undersigned, and any of them, or any third persons, and the representatives thereof, or any persons acting on their behalf have or may have against and the said Board of Trustees, or their officers or employees by reason of accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the aforementioned field trip and occurring during said participation or any time subsequent thereto.

The undersigned has been given permission by the officers of the Santa Monica College to participate in the following field trip on the following dates:

Field Trip to: ___________________________ Date(s) of Trip: __________

City/State of Field Trip: ___________________________

Club Name: ___________________________ Full Time Advisor: ___________________________

Reason for leaving: ___________________________

The undersigned furthermore has requested to depart early from the above said field trip and agrees to assume full individual responsibility upon such departure.

Date of Departure: __________, Time of Departure: __________ am / pm

______________________________
Print Name

______________________________
Signature

______________________________
Date Signed

☐ I am the parent/legal guardian of the participant who is under 18 years of age to whom the above statements apply and I am executing this release and waiver.

______________________________
Parent/Legal Guardian Printed Name & Signature

______________________________
Date