Class Field Trip Approval Request and Liability Waiver

This form is approved for use of **class field trips/excursions that do not involve overnight travel.** If overnight travel is involved, or if a minor will participate in the trip, the Excursion/Field Trip Individual Form must be used. For Student Club Travel, please use the Associated Student Field Trip Proposal Form.

Please complete this form and obtain the signatures of all participants before submitted for approval. Submit this form to the appropriate Vice President at least 10 days prior to trip.

Class Field Trip Itinerary			
Instructor:	Course:	Section Number:	
Activity:			
Supervising Academic Employee:			
Activities will be held at:			
Address:	City & Sta	te:	
Departure Date & Time:	Return Dat	e & Time:	
□ Other:	est: (Contact Mitch Hesk		
•	·	Class Excursion during the below described	
Department Chair Approval:		Date:	
Administrator Approval:		Date:	

As required by Title 5, Section 55220 of the California Code of Regulations, I understand and agree that I shall hold the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in any field trip or class excursion during the above-described course (hereinafter "Activity"), including injuries, accident, illness or death.

If my participation in this Activity results in any liability, claims, causes of action, or demands against the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles in such an action.

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

If I provide my own transportation or ride with another student, it is fully understood that the Santa Monica Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no ~DAY TRAVEL~

way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation. I also understand that the driver is not driving as an agent of or on behalf of the District.

I fully understand that participants are to abide by all rules and regulations governing conduct during the Activity. Any violation of these rules and regulations may result in my being sent home at my own expense and may result in disciplinary action.

I have read the Excursion/Field Trip Form Including Release of Liability set forth on Page 1 in its entirety. My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

Signature Sheet

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Signature Sheet

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