

Required Trip Information (Completed by Employee):

Trip Name:	Host Department:
Trip Location:	Course Number (if Applicable):
Trip Date(s):	Employee Responsible:

Required Student Information:

Name:	Student ID#:
Cell Phone:	Preferred Email:

Waiver of Liability:

I understand and agree that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California, Los Medanos College, the Contra Costa Community College District, and its Board of Trustees, officers, employees, agents, representatives, or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of the field trip or excursion.

Further, I agree to hold harmless, defend and indemnify Los Medanos College and the Contra Costa Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with my participation in the field trip or excursion.

See Title 5, California Code of Regulations, sec. 55220

Severability: I further expressly agree that the foregoing agreement is intended to be as broad and inclusive as is permitted by law state of California, and that, if any portion thereof is held valid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

In the event of any illness or injury, I give full authority to District staff to obtain such medical treatment and or surgery as is deemed necessary for my welfare, and that I assume full responsibility for all such treatment, including, but not limited to, its cost.

Check one of the following statements:

I am 18 years of age or older and I will be the Participant.

I am the parent or legal guardian of the Participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing this agreement.

<hr/> Printed Name of Participant or Parent/Legal Guardian	<hr/> Signature of Participant or Parent/Legal Guardian Date:
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