



**VICTOR VALLEY COMMUNITY COLLEGE DISTRICT**  
Voluntary Excursion/Field Trip  
Waiver Notice And Medical Authorization  
**18 Years Or Older**

PLEASE PRINT OR TYPE ALL INFORMATION, EXCEPT SIGNATURE

Participant's Name: \_\_\_\_\_

Activity: \_\_\_\_\_

Destination (City/State): \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services, as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

As stated in California Education Section 72640, I understand that I hold Victor Valley Community College District, it's officers, employees, and agents harmless from any and all liability and claims arising out of or in connection with my participation in this activity.

STUDENT PARTICIPANT'S SIGNATURE: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Health Insurance Company & Policy #: \_\_\_\_\_

In the event of illness or accident, please notify:

\_\_\_\_\_  
Name Phone Name Phone

*If there are any academic accommodations the instructor/staff member should be aware of, kindly attach a description to this sheet.*

**WHEN COMPLETED SUBMIT TO ADMINISTRATIVE SERVICES**