

**VICTOR VALLEY COMMUNITY COLLEGE DISTRICT**

**FIELD TRIP/EXCURSION**

**VOLUNTARY STUDENT TRANSPORTATION AGREEMENT**

Student Name: \_\_\_\_\_

Activity(ies) & Location: \_\_\_\_\_

I understand **VICTOR VALLEY COMMUNITY COLLEGE DISTRICT** may or may not be providing transportation to and from the above activity (ies). However, I do not wish to avail myself to the transportation provided by the college.

The above student hereby requests permission to provide for his/her own transportation at his/her own expense.

It is fully understood that the college is in no way responsible, nor does the college assume liability, for any injuries or losses resulting from this voluntary student transportation. I also understand that the driver of the vehicle in which I am riding, either as driver or passenger, is not driving as an agent of or on behalf of the college, and the college has not confirmed liability insurance coverage, driver's license status or the condition of the vehicle.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risk and responsibility of Risk of Loss, property damage or bodily injury, including death and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, employees, and volunteers from any liability for personal injury, bodily injury, property damage, wrongful death or otherwise, however arising and whether or not the District is negligent or grossly negligent, which may in any way occur to the participant incidental or arising directly or indirectly that may arise out of or in any way be connected with the above-described voluntary event and associated activities.

I have read this release and waiver of liability, assumption of risk and indemnity agreement fully, I further understand its terms, I understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be complete and unconditional release of liability to the greatest extent allowed by law.

By voluntarily signing below, I agree to the conditions stated above. I further acknowledge that the District does not provide liability or medical coverage for participants in this activity.

Individuals under 18 years of age must have the consent of a parent/guardian.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date