

## Student: Agreement and Medical Release For Field Trip and Excursions



**Victor Valley College**

18422 Bear Valley Rd.  
Victorville, California 92395  
www.vvc.edu

Student Name		
Last:	First:	Student I.D. #
Address:		
City / State:		Zip:
Home Phone:		
( )	Cell Phone:	Email:
( )	( )	
Faculty/Staff/Advisor Name:		Class Name:
Travel Date(s) / Time:		Travel Destination(s):
General Description of Activities:		

**Waiver:** I understand that I hold the Victor Valley Community College District (herein referred to as "District") its agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. (Reference: Title 5 Section 55220) I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violations of these rules and regulations may result in that individual being sent home at his/her expense.

**Medical Authorization:** In the event of illness or injury while participating in the above referenced activity, I hereby consent to any necessary x-ray, examination, anesthetic, medical, surgical, dental diagnosis or treatment, hospital care and emergency transportation from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare.

Participant's Medical Insurance Carrier

Policy #

Insurance Carrier Phone #

**Medical Condition:** Check here if you have a special needs or medical condition (s) and attach a description to this sheet.

*In the event of an illness, accident, or other emergency, please notify:*

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Cell Phone</i>
_____	_____	( ) _____	( ) _____

**Transportation:** I will use transportation provided by the District for field trips. If an off-campus field trip/excursion requires me or I choose to use personal transportation, I understand the District (its Board of Trustees, officers, employees, agents, representatives or volunteers) is in no 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 acknowledge that the District does not provide any type of insurance, including liability, collision, or comprehensive, for students who provide their own transportation or provide transportation for other individuals in connection with a field trip/excursion activity.

**My signature below acknowledges that I have carefully read these provisions and I fully understand and willingly agree to abide by these terms.**

Student Signature

Date

Parent/Guardian Signature (If student is under 18)

Parent/Guardian Printed Name