

Voluntary Field Trip/Excursion Notice

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, by participating in the Voluntary Field Trip/Excursion, I am deemed, by law, to have waived any claims against West Valley-Mission Community College District for Injury, Accident, Illness, or Death occurred during, or by reasons of, the Field Trip/Excursion.

I further understand that participation in a Field Trip/Excursion is Voluntary.

I agree to advise the District, in writing, of any Medical, Physical or Health condition, which may be affected or, in any way, jeopardized by participating in a specific Field Trip/Excursion.

In the event of Accident or Illness, please notify:

Name: _____

Address: _____

Phone: _____ **(Home)**

_____ **(Cell)**

_____ **(Work)**

I hereby acknowledge and understand that, unless specifically advised otherwise, the District is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. It is further understood that the driver of the vehicle in which I am riding is not driving on behalf, or as an agent, of the District, and the District has not verified the driving record of the driver, the liability insurance of the vehicle, or the condition of the vehicle.

I understand the District is, in no way, responsible, nor does the District assume liability, for any injury or loss, which may result from my transportation.

Although the District may assist in coordinating the transportation and/or recommend travel time, routes, car pooling, or caravanning, I understand that any recommendation(s) or travel assistance provided is not mandatory.

Name (Print) _____

Signature _____

Date _____