

R. Field Trip Waiver of Claims Acknowledgement

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

FIELD TRIP WAIVER OF CLAIMS ACKNOWLEDGMENT

TO: SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

NAME OF STUDENT PARTICIPANT _____

NAME & DESIGNATION OF TRIP(S) _____

DATE OF TRIP(S) _____

I, the undersigned, am of the age of majority (18 years or older), **or** am the parent or legal guardian of the student participant.

I understand that the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT may not carry sufficient medical/dental/hospitalization insurance to cover injuries to students, or to indemnify parents for expenses in connection therewith. I further understand that I am, by law, deemed to have waived all claims against the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT or the State of California for injury, accident, illness, or death occurring during or by reason of the college activity in accordance with the requirements of Education Code 72640 and 72641.

STUDENT'S SIGNATURE _____ DATE _____

COMPLETE IF STUDENT IS A MINOR (UNDER 18 YEARS OF AGE):

PARENT'S OR
GUARDIAN'S SIGNATURE _____ DATE _____

DISTRIBUTION AND USE
(On Reverse Side)

DISTRIBUTION AND USE

- This waiver consists of one original copy.
- The waiver must be used for every trip away from college property or the off-campus site identified in the appropriate college or Community Services class schedule.
- More than one date or location may be listed on the same form if each is clearly identified.
- All students must present an appropriately signed waiver prior to their participation in the activity.
- The waiver must be left with the appropriate Division Office prior to the trip.
- The waiver shall be **retained** by the Division Administrator for the **remainder** of the **current** school year and the **one immediately** following.
- It is the **responsibility** of the **instructor** to see to it that the original copy of the waiver is forwarded to the office of the **Director of Planning & Research** immediately upon return from a trip **IF** a student **was injured** or **thought to be injured**, whether or not the injury was the fault of the District.

Any questions concerning this form shall be directed to the Office of Planning & Research.