SOUTHWESTERN COMMUNITY COLLEGE DISTRICT

EXCURSION LIABILITY RELEASE and AGREEMENT

Excursion Site:	Location: *(Street Address, City, State)*	
Club/Organization:	Event Date(s):	Event Time:
Activity/Event Title:		Activity Request No.
Faculty/Advisor Supervising Excursion: *Last Name* *First Name*	Phone Number:	Email:

Student Name: *Last Name* *First Name*	SWC ID Number:	
Phone Number:	Email:	Age: *(If below 18, fill out box below)*
Print Name of Parent or Legal Guardian: *Last Name* *First Name*	☐ Parent	☐ Legal Guardian
Signature of Parent or Legal Guardian:	Date:	Phone Number:

Completion of this form is required for participation by students/non-students in any and all Off-Campus field trips, tours, club activities, or any other special event sponsored by the Southwestern College District. No one will be permitted to attend/participate in the excursion specified above unless this form has been completed, approved and signed by the participant, faculty/staff Supervisor, and Director of Student Activities no later than the day of the excursion. The completed and signed form is to be forwarded to the Office of Student Activities.

The Southwestern Community College District ("District") grants the student mentioned above, and who has read the information below and have signed this form, to have permission to participate in the excursion specified above.

In consideration of the permission granted by the District of the Participant(s) to participate in the excursion named above, the undersigned, understand and agree as follow:

Release and Indemnification – In accordance with Title 5, California Code of Regulations section 55450, and in consideration of my participation in said excursion, I hereby release the Southwestern Community College District, its officers, employees, and agents from and waive all claims for injury, accident, illness, death, loss of property, or property damage occurring during or by reason of said excursion, except for any claims based upon fraud, willful injury to person or property, or violation of law, by the District, its officers, employees, and agents, and further agree to indemnify and hold harmless the District, its officers, employees, and agents from any claims and actions for damage or injury which any person may assert by reason of my conduct while participation in said excursion.

Rules and Requirements – Agree to accept all rules and requirements of the excursion; observe the designated schedule and follow the instructions given by the District's supervisory personnel in all matters pertaining to the excursion. I grant the District, acting by and by them that my continued participation in detrimental to or in conflict with the purpose of the excursion, or is not in harmony with the best interests of the other participants and/or supervisory personnel. Violation of any of the stated ruled or regulations pertaining to his excursion will result in my immediate removal from said excursion.

Medical Consent – In a medical emergency arising during the course of the excursion, I grant to the District acting through it designated supervisory personnel full authority to take any action deemed necessary to protect my health and safety at my expense, including but now omitted to placing me under the care of a doctor, hospital, and/or other qualified medical personnel to examine and/or treat me.

Injury/Illness – If you become ill or injured while taking part in a class-related excursion, you may have secondary medical coverage under Student Health Insurance. Immediately upon your return from the excursion contact Health Services, Ext. 6354 for Medical coverage information and claim form(s).

Drug and Alcohol Statement – Use, possession, sale, distribution, or manufacture of, or the attempted sale, distribution or manufacture of alcohol and drugs on college properties or at official college functions is unlawful or otherwise prohibited by college policy or campus regulations.

Participants – If the participant is younger than 18 years of age, this form must be signed by the participant's parent or legal guardian. Minors may not participate in any international travel/activity.

I have read this **liability release** and understand and agree to its terms and conditions. I execute it voluntarily and with full knowledge of its content, ramification and my responsibilities thereof as evidenced by my having signed below.

STUDENT SIGNATURE _____ DATE _____

I hereby authorize the individual listed on this form to participate in this excursion with the terms and conditions described above and affirm that I personally observed the student signing this form.

SIGNATURE, Faculty/Advisor _____ DATE _____

I hereby authorize the individual listed on this form to participate in this excursion with the terms and conditions described above.

SIGNATURE, Director of Student Activities _____ DATE _____

SOUTHWESTERN COMMUNITY COLLEGE DISTRICT
PARTICIPANT'S GENERAL INFORMATION SHEET

Participant's Name: ____ Birth Date: _______________
Print *Last Name* *First Name* *Middle* *(Month, Day, Year)*

Home Address: ____
Street *City* *State* *Zip Code*

Phone Number *(with area code)* ____________________________________ SWC ID Number ___________

HEALTH INFORMATION

List any health problem or medical condition that could adversely affect your participation in this activity? For example: heart disease, diabetes, high blood pressure, epilepsy, allergies, etc. ___________________________
____
____

Please list any prescription drugs your are currently taking: ____
____
____

Do you have any allergies to medication/other (e.g. antibiotics, bee sting, etc.)? Yes No
If yes, please explain:____
____
____
____

Use back side of this form if additional space is needed

EMERGENCY CONTACT

Name____Local Address_________________________

Phone Number______________________________________ Relationship __________________________

Notice: Use, possession, sale, distribution, or manufacture of, or the attempted sale, distribution or manufacture of alcohol and drugs on college properties or at official college functions is unlawful or otherwise prohibited by college policy or campus regulations.

If the participant is younger than 18 years of age, this form must be signed by the participant's parent or legal guardian.

Signature of Participant : __________________________________ Date: ____________________________

Signature of Parent or Legal Guardian : _______________________ Date: ____________________________