



Field Trip or Excursion Participant Notice

Department _____

Class/Club/Team _____

I _____ freely choose to participate in the _____
Participant Name Field Trip or Excursion

that begins on: _____ and ends on: _____
Date Date

If participating in multiple field trips or excursions for a class/club/team, list the multiple activities including the dates of each (if necessary, indicate "see attached" and use separate sheet).

Rules and Requirements. I understand that I am required to abide by the policies and procedures established by the Governing Board of the Butte-Glenn Community College District including but not limited to, the District's Standards of Conduct, as well as the rules and requirements of the field trip or excursion as set forth by the District and the policies and procedures set forth by the organization hosting the event.

Independent Activity and Travel. I understand that District is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any District activity. In addition, I understand that any travel that I do independently on my own before or after the District sponsored Program is entirely at my own expense and risk.

Institutional Arrangements. I understand that District is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the field trip or excursion. I understand that District is providing these services only as a convenience to participants and that accordingly, District accepts no responsibility, in whole or in part, for delays, loss, damage, or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designed lodging. I further understand that District is not responsible for matters that are beyond its control. I acknowledge that District reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by District.

Health and Safety. I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this field trip or excursion. I have obtained the required immunizations, if any.

I recognize that District is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participate in this field trip or excursion, I authorize in advance the representative of the District to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. District may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I understand that I am responsible to pay all expenses relating any medical care that I receive resulting from my participation in this field trip or excursion.

Emergency Contact Information:

Name: _____ Relationship to you: _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Email: _____

Transportation: I acknowledge and understand that unless specifically advised otherwise, the District is not providing transportation to or from the field trip or excursion and it is my responsibility to arrange for transportation. During transportation in any personal or private vehicle, I understand that the driver of the vehicle I am riding in is not driving on behalf of or as an agent of the District, and the District makes no claims as to the driver's liability insurance, driving

