Butte-Glenn Community College District

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

history, or vehicle condition. The District is not responsible for any injury or loss which may result from my transportation. Although the District may assist in coordinating transportation and may recommend travel times, routes, carpooling or caravanning, any such recommendations are simply advisory and the District assumes no liability for any injury or loss which may result from such recommendations.

Signature. My signature below indicates that I have read, understood and freely signed this Notice.

Signature of Participant	Print Name of Participant	Date

IF PARTICIPANT IS UNDER 18 YEARS OF AGE.

Signature of Parent/Guardian of Participant	Print Name of Parent/Guardian	Date

Distribution: Maintain this form for five (5) years after the end of the event in the sponsoring department.

RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Activity or Event (the "Activity"):

Date and Time:

Location:

Release of Liability and Waiver: In return for being permitted to participate in the above activity or program (the "Activity"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the Butte-Glenn Community College District, I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** Butte-Glenn Community College District, the Board of Trustees, directors, officers, employees, and agents (collectively the "District"), from liability **from any and all claims, including the negligence of the District**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in the Activity and any use of District premises and facilities.

Assumption of Risks: I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

Indemnification and Hold Harmless: I also agree to **indemnify and hold the District harmless** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of my involvement in the Activity, and to reimburse it for any such expenses incurred.

Medical Certification and Consent: I certify that I am physically capable and that I have no medical condition which would endanger me or others or interfere with my ability to safely participate. If I need medical treatment, the District is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment.

Governing Law and Severability: I understand that this document is written to be as broad and inclusive as legally permitted by the State of California and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree this Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

Understanding and Acknowledgement: I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the Activity, and **understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is**

voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me.

I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the Activity. I am signing this document freely.

Participant's Name: _____

Signature: _____ Date: _____

If Participant is under 18 years of age: I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) release of District from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in the Activity including travel to and from. I allow Participant to participate in this Activity and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

BUTTE COLLEGE STUDENT LIFE
TRAVEL/FIELD TRIP AGREEMENT

When attending any field trip, excursion, and or conference as a Butte College student government officer, Club Member and/or while representing Butte College, you are expected to adhere to the following agreements:

- As a representative of Butte College and a student organization, I_____,(Name) understand inappropriate conduct is not acceptable and I am expected to conduct myself responsibly.
- Inappropriate conduct includes but is not limited to conduct that is likely to endanger the health or safety of me or any other person(s), conduct that is likely to cause property damage or conduct that violates any local, state, or federal law or district policy.
- During the entire time that I am traveling, from the time of departure to the time of arrival, I am subject to all standards of student conduct as outlined in the Butte College Student Code of Conduct; **AP-5500**
- I will attend all conference/field trip activities designated by the attending Advisor/Supervising Staff.
- I will respect the curfew given by the advisor and will not leave the conference/field trip setting without the knowledge and approval of the attending advisor/supervising staff.
- I will not bring along any unauthorized guests.
- I will not consume alcohol or illegal drugs at any time.
- I will not engage in harassing or discriminatory behavior based on disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other status protected by law.
- I will not engage in intimidating conduct or bullying against another student through words or actions, including direct physical contact, verbal assaults, such as teasing or name-calling, social isolation or manipulation, and cyberbullying.
- I will not engage in disruptive behavior, willful disobedience, habitual profanity or vulgarity, or the open and persistent defiance of the authority of college personnel.
- I am personally and financially responsible if my conduct causes an injury or damage to the real or personal property of another.
- If I choose not to attend after fees have been incurred, I may be financially responsible for repaying any non-refundable fees. Cancellations due to serious and compelling reasons may be excused upon review by the **AS advisor, Club advisor, and/or Student Life advisors.**
- Furthermore, should I, as a student conference/field trip participant, be found in conflict with any of the above conditions or violate any hotel or conference rules or policies, I may be asked to leave the conference/trip location immediately, and return home at my own expense.

Noncompliance with this policy will result in a review by the Student Life Department and possibly the immediate removal from participation in Student Government or Club Activities.

I have read the agreement above and will abide by the terms

_____	_____	_____
Print Student Name	***Signature***	***Date***

_____	_____
Parent or guardian (if under 18)	***Date***