

CITRUS COMMUNITY COLLEGE DISTRICT

**STUDENT PARTICIPATION IN DISTRICT SPONSORED
VOLUNTARY FIELD TRIP AND/OR PERFORMANCE TOUR**

**ASSUMPTION OF RISK, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT
AND MEDICAL TREATMENT AUTHORIZATION**

PLEASE READ BEFORE SIGNING:

Date: _____

Student's Name ("Participant"): _____ hereby requests participation in the following field trip or performance tour ("Activity"):

Destination and Description of Activity: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Sponsor in Charge: _____ Position: _____ Telephone: _____

Type of Transportation: ____ I will use transportation provided by Citrus Community College District ("District")

____ I will accept responsibility for arranging my own transportation. I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage for students who provide their own transportation for themselves and/or other individuals in connection with a field trip/performance tour.

As an Adult Participant, or the Parent/Legal Guardian of Minor Participant, I hereby agree:

1. I, the undersigned participant and parent/guardian if participant is a minor ("Participant"), request voluntary participation in the Activity.
2. Participant understands that the District does not require me to participate in this Activity, but I choose to do so, despite the possible dangers and risks and despite this Consent, Assumption of Risk, Release of Liability and Hold Harmless Agreement, and Medical Treatment Authorization.
3. Participant expressly acknowledges his or her full understanding of the risks of injury, including serious injury, disability or death, and loss to personal property resulting not only from Participant's own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the conditions of facilities, equipment or areas where the Activity is conducted, including the rules associated with participation in the Activity. Participant acknowledges that specific risks vary from one activity to another, but the risks include: 1) loss or destruction of my personal property; 2) minor injuries, such as scratches, bruises, sprains; 3) major injuries, such as loss of sight, broken limbs, back injuries, concussions or heart attacks; and 4) catastrophic injuries including paralysis and death. Participant freely and knowingly assumes all such risks and dangers, whether specifically known and unknown, even if arising from the negligence of Participant or others. Participant fully assumes sole responsibility for involvement in the Activity, hereby agrees to be financially responsible for any losses resulting from participation in the Activity, and shall indemnify the State of California, the District, its officers, employees and agents for any loss or damage caused by Participant during this Activity.
4. Participant certifies that he or she is in good health and has no physical or medical condition that would prevent participation in this Activity. Participant hereby consents to emergency medical treatment if needed during the Activity. In the event of illness or injury, Participant does hereby consent to whatever emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Participant is financially responsible for any and all costs and/or indebtedness incurred as a result of any emergency and/or routine medical treatment if an illness, accident or injury occurs during the Activity.

Health or special needs:

Check as appropriate.

<input type="checkbox"/>	I have no special health needs the staff should be aware of, and no medication is required on the trip.
<input type="checkbox"/>	I have a special need, and instructions are attached. Number of attached pages: _____.

5. Participant consents to being photographed while participating in the Activity and District may use such photographs for any legal purpose without compensation to Participant.

6. Participant agrees to comply with all stated customary terms and conditions for participation in the Activity.

7. Participant understands that pursuant to the California Code of Regulations, Title 5, Section 55220, by participating in the Activity, Participant is deemed by law to have waived any and all claims against the Citrus Community College District for injury, accident, illness or death occurring during or by reason of the Activity.

8. In consideration for the participation in the Activity, Participant hereby waives all claims or causes of action against the State of California, the District, its employees, officers, and agents arising out of Participant's participation in the Activity and hereby agrees to release, hold harmless, discharge and covenant not to sue the State of California, the District, its employees, officers, and agents from all claims, actions, suits, procedures, costs, expenses, damages and liability including, but not limited to, damage to property, personal injury, disability or death, in connection with participation in the Activity to the greatest extent as allowed by law.

9. Participant expressly agrees that the foregoing Consent, Assumption of Risk, Release of Liability and Hold Harmless Agreement is intended to be as broad and inclusive as permitted by California law and if any portion is held to be invalid, it is agreed that the balance shall continue in full legal force and effect.

I HAVE READ THIS CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT, AND MEDICAL TREATMENT AUTHORIZATION. I FULLY UNDERSTAND ITS TERMS AND SIGN THIS DOCUMENT FREELY AND VOLUNTARILY.

Participant's Signature

Date of Birth

Participant's Name – Please Print

Student ID #

Student Cell #

Parent or Guardian Signature and Printed Name (if Participant is under 18)

In the event of an emergency, please contact:

(Printed Name)

(Relationship)

Phone: _____