STUDENT FIELD TRIP/EXCURSION NOTICE

INSTRUCTIONS FOR FACULTY: Fill the blanks below.

Instructor's Last Name: _______________________________ First Name: ___________________________
Semester: _________ Course Title: ______________________________ Course #: _________ Section: _____
Title of Activity: ___________________________________________________________________________
Date(s) of Activity: _________________________________________________________________________
Meeting Place at Designated Site _____________________________________________________________

INSTRUCTIONS FOR STUDENTS:

1) Fill in the blanks below with your name and student ID number.
2) Check whether you need an accommodation for the field trip or not.
3) Read the regulations for instructional field trips. Then, sign your name on the last page of this form.
4) Submit completed form to YOUR INSTRUCTOR no later than two weeks prior to departure date.

NOTE: YOU ARE NOT ALLOWED TO GO ON THE FIELD TRIP IF YOU HAVE NOT FILLED OUT THE FORM.

Fill in the blanks below (by student).

Student’s Last Name: _______________________ First Name: _________________ Student ID#: _________

Interpreting and Accommodation Request:

Do you need an accommodation for this field trip? Please check below:
   Yes ____ (Please notify your instructor that an accommodation is to be arranged for this field trip. Read and sign. Then, submit this form to your instructor.)
   No _____ (Read and sign. Then, submit this form to your instructor.)

REGULATIONS FOR INSTRUCTIONAL FIELD TRIPS

Release:
I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, by participating in the field trip(s)/excursion(s), I am deemed by law to have waived any claims against the Ohlone Community College District for injury, accident, illness or death occurring during or by reason of the field trip/excursion.
Medical Content:
I have no known medical condition(s) which may pose a risk to the health and safety of me or others by participating in the activity(ies). I agree to advise the District in writing of any medical, physical or health condition which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

In the event of an accident or illness, please notify:
Last Name: ______________________ First Name: ___________________ Relationship: _________
Address: __________________________________ City: _________________ State: ____ Zip Code: _____
1st Phone Numbers: _______________ Please check: Home ( ) Work ( ) Cell ( ) Videophone ( )
2nd Phone Numbers: _______________ Please check: Home ( ) Work ( ) Cell ( ) Videophone ( )

Transportation and Liability:
I hereby acknowledge and understand that unless specifically advised otherwise, the College is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. If the College is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the College assumes no responsibility or liability of any kind.
*If the College is not providing the transportation, I further understand:
  • the driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the College, and the college has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
  • the College is in no way responsible, nor does the College assume liability, for any injury or loss which may result from my transportation;
  • although the College may assist in coordinating the transportation and/or recommend travel time, routes, car pooling, or caravanning, recommendation(s) or travel assistance provided is not mandatory.

Rules and Requirements:
I agree to accept all the rules and requirements of this activity, observe the program schedules, and to follow the instructions given by supervisory personnel; and grants the right to the supervisory personnel to terminate my participation in the program if it is determined that my conduct is detrimental to the best interests of the group, in which event return home shall be at my personal expense. Any violation of these rules or regulations may be cause for suspension or expulsion from the College, subject to the District Students Code of Conducts.

**I HAVE READ AND AGREE TO FOLLOW THE REGULATIONS PRINTED ABOVE.

Student’s Last Name (Print) : _____________________________ First Name: _________________________

Student’s Signature _________________________________________________ Date _________________