

FIELD TRIP RISK TRANSFER FORMS

COLLEGE FIELD TRIP RISK TRANSFER FORMS

1. FIELD TRIP/EXCURSION NOTICE *to be signed by all participants*
2. FIELD TRIP/EXCURSION REQUEST *to be submitted by instructor/advisor to Area Dean*
3. VOLUNTARY ACTIVITY WAIVER, RELEASE & INDEMNITY AGREEMENT *to be signed by all participants*
4. PERSONAL VEHICLE USE

HARTNELL COMMUNITY COLLEGE DISTRICT

FIELD TRIP/EXCURSION NOTICE
(to be signed by all participants)

Field Trip _____ Date: _____
Field Trip _____ Start Time: _____
Field Trip _____ End Time: _____

Field Trip/Excursion/ Destination: _____

Inclusive Dates and Destinations, if Notice is to be applied to more than one event:

Instructor/Advisor

First Name, Last Name: _____

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 Hartnell Community College District for injury, accident, illness or death occurring during or by reason of the field trip/excursion.

I understand that during the field trip itself, I am required to comply with all District policies and procedures, including those related to Student Conduct per BP 5500.

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:

First Name _____ Last Name: _____

Address: _____ Phone: _____

Relationship to Participant: _____

I hereby acknowledge and understand that unless specifically advised otherwise, the district is not providing transportation and it is my responsibility to arrange for my transportation to and from the activity. If the district is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the district assumes no responsibility or liability of any kind.

If the district 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 district, and the district has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- the district is in no way responsible, nor does the district assume liability, for any injury or loss which may result from my transportation;
- although the district may assist in coordinating the transportation and/or recommend travel time, routes, carpooling, or caravanning, the recommendation(s) or travel assistance provided is (are) not mandatory.

Name (Print) _____

Signature _____ Date _____

HARTNELL COMMUNITY COLLEGE DISTRICT

FIELD TRIP/EXCURSION REQUEST

TO BE SUBMITTED BY INSTRUCTOR/ADVISOR TO AREA DEAN

Instructor/Advisor: _____

Designated Chaperone: _____

Class (Name/Number/Section): _____

Or Club: _____

Activity(ies)/Destination(s)	Departure Date	Return Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the objectives of the proposed activity (ies) and how they relate to course/program/club content or objectives. Activities must be related to the Course Objectives as stated in the course syllabus.

Participation form(s) to be signed by each participant:

- _____ Field Trip/Excursion Notice
- _____ Acknowledgment & Assumption of Potential Risk
- _____ Voluntary Activity Waiver, Release & Indemnity Agreement
- _____ Student Emergency Medical Authorization/Student Transportation Acknowledgment & Release
- _____ Other _____

NOTE: One set of waivers and emergency medical forms may be submitted to cover more than one event. Inclusive dates for all events should be specified on the Voluntary Activity Waiver.

Transportation (Check one)
To be provided by the district _____
Responsibility of participants _____

If this activity meets a course requirement, please describe the alternative assignment or activity that has been provided for students who cannot attend.

I understand per BP 4300 that I am voluntarily engaged as necessary to chaperone a field trip or excursion, over and above the normal period for which I am employed by the District, and that during the field trip itself, I shall comply with all District policies and procedures, and shall be responsible for students, who shall comply with all college policies and regulations, including those related to Student Conduct per BP 5500.

Permission is requested to conduct the above-listed voluntary activity(ies), involving the students indicated on the attached roster, away from a Hartnell College campus site.

Attached is a completed and signed set of forms for each student on the roster.

Field Trip/Excursion Notice Form

Voluntary Activity Waiver, Release & Indemnity Agreement,

Student Emergency Medical Authorization/Transportation Acknowledgement

Requested By: _____ Date: _____

Instructor Advisor as Designated Chaperone

Division or Program: _____

Approved By: _____ Date: _____

Area Dean

APPROVED _____

REJECTED _____

REASON: _____

BY (Print): _____

Area Vice President

BY (Signature): _____ DATE: _____

Vice President of Administrative Services or Designee

NOTE:

The instructor or advisor designated as chaperone to lead the trip or excursion should submit this completed form to the area dean at least one week in advance of trips occurring within the State of California.

Per BP 4300, field trips or excursions outside of the State of California require prior approval of the Superintendent/President.

Per BP 4300, field trips or excursions outside of the contiguous United States require prior approval of the Superintendent/President and the Board of Trustees.

HARTNELL COMMUNITY COLLEGE DISTRICT

VOLUNTARY ACTIVITY WAIVER, RELEASE & INDEMNITY AGREEMENT

TO BE SIGNED BY ALL PARTICIPANTS

For and in consideration of permitting _____ (Participant) _____ to enroll in and participate in _____ (activity) _____ and class instruction of _____ (class or program) _____

given by Hartnell Community College (hereafter, "District") in the City of Salinas, County of

Monterey, State of California, beginning on the _____ day of _____, 20____, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is the intention of the Participant by this instrument, to exempt and relieve the District from liability for personal injury, property damage, or wrongful death caused by negligence.

The undersigned, for him/herself, his/her heirs, executors, administrators, or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against District, he/she shall indemnify and save harmless the same District from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing three (3) paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of District, and is fully aware of the legal consequences of signing the within instrument.

Signature (Participant)

Date

Printed Name

For Participants under the age of 18:

Signature of Parent/Guardian on behalf of Participant

Date

Printed Name

Signature (Witness)

Date

Printed Name

(This additional form may not be required, depending on current travel guidelines from Business Office)

HARTNELL COMMUNITY COLLEGE DISTRICT

PERSONAL VEHICLE USE

Name: _____ Phone _____

DOB: _____

Driver's License #: _____ Exp. Date: _____

Year/Make of Auto: _____ Vehicle License #: _____

Insurance Carrier: _____ Phone: _____

Liability Limits: _____ Policy #: _____

Expiration Date: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that while driving my personal vehicle in the course of my duties with the district that I must have liability insurance coverage and a valid driver's license as required by the State of California. I agree to advise the district, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

If you drive your personal automobile while on district business and you are involved in an accident, by law your liability insurance policy is used first. The district liability coverage would be used only after your limits have been exceeded. The district does not provide comprehensive or collision coverage to your vehicle.

All persons driving on district business will: (1) follow the most direct route; (2) avoid unnecessary stops; (3) transport only authorized persons, no guests; (4) transport no more than 9 students, no matter what size of vehicle; and (5) ensure that all vehicle occupants use seat belts if available in the vehicle

Attach a photocopy of the following: (1) "Proof of Insurance" provided by your automobile insurance company that indicates expiration date of insurance, and (2) driver's license. The district may obtain a driving record check from the California Department of Motor Vehicles.

Signed _____ Date _____

Site _____ Purpose _____

Approval _____ Date _____