

William Jessup University

Excursion/Field Trip Form

All participants complete Sections A and B:

- A. WAIVER
- B. MEDICAL AUTHORIZATION

Also complete Section(s) C and/or D and/or E, as applicable:

- C. AUDIT STUDENT OR VOLUNTEER
- D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION
- E. MINOR

A. WAIVER

Activity: _____ **Activity Address:** _____ **City:** _____ **Zip:** _____

Campus/Class/Group: _____

Supervising Academic Employee: _____

Departure Date & Time: _____ **Return Date :** _____

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand and agree that I shall hold William Jessup University, and permissive users of William Jessup University vehicles, rented or owned, harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this activity, including injuries, accident, illness or death.

If my participation in this activity results in any liability, claims, causes of action, or demands against the permissive users of William Jessup University vehicles, I agree to defend and indemnify William Jessup University, its Board of Trustees, officers, agents, representatives, employees, and permissive users of William Jessup University vehicles, rented or owned, in such an action.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my own expense. My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

Participant's Printed Name	Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant	Date
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B. MEDICAL AUTHORIZATION:

In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Participant's Printed Name	Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant	Date
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Participant's Medical Insurance Carrier	Policy Number
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Medical Insurance Carrier Address	Medical Insurance Carrier Phone Number
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In the event of illness, accident, or other emergencies, please notify:

Name	Address	Phone Number
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Medical Condition: Check here if you have a special medical condition and attach a description of that condition to this sheet.

C. AUDIT-STUDENT/VOLUNTEER:

I request that I may participate in the activity listed in Section A. As a condition for being allowed to participate in the above-referenced activity as an audit-student or volunteer, I agree to abide by the provisions of Sections A and B, and, if applicable, Section(s) D and/or E.

My signatures on this document acknowledge that I have read and understand all applicable provisions and agree to abide by these terms.

Participant's Printed Name	Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant	Date
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D. PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION

I understand William Jessup University may be providing transportation to and from the above referenced activity. However, I do not wish to use this transportation.

I will provide my own transportation at my own expense to attend the activity listed in Section A and agree to abide by the following terms:

It is fully understood that William Jessup University, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-William Jessup University transportation. I understand that although William Jessup University may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute William Jessup University sponsorship of or responsibility for my transportation. I also understand that the driver is not driving as an agent of or on behalf of William Jessup University. My signature below acknowledges that I have carefully read these provisions and I fully understand and willingly agree to abide by these terms.

Participant's Printed Name	Signature	Date
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E. MINOR (For students/volunteers under 18 years of age, the parent or guardian completes this section in addition to Sections A and B; and C and D, where applicable)

_____ has my permission to participate in the activity listed in Section A.
Participant's Printed Name

Check here if there are no medical conditions that the staff should be aware of and if your son/daughter is not required to use any drugs during this activity.

AND/OR

DRUGS: Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those that must be kept on the minor's person for emergency use, must be kept and distributed by College Staff.

Name of Drug and reason for use

I have read, understand and agree to all provisions of Section A: Waiver; Section B: Medical Authorization; Section E: Minor; and Section C and D, as appropriate; as related to my son/daughter's participation in this activity.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Address	Phone Number	Son/Daughter's Date of Birth
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After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising Academic Employee listed in Section A.

Signature of Academic Supervisor Approving Completed Form	Date
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