

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

**FIELD TRIP WAIVER OF CLAIMS ACKNOWLEDGMENT**

Name of Student Participant: \_\_\_\_\_

Trip Locations (Name & City, State): \_\_\_\_\_

\_\_\_\_\_

Date(s) of Field Trip: \_\_\_\_\_

Purpose of Field Trip: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

I, the undersigned, am of the age of majority (18 years or older), or I am the parent or legal guardian of the student participant.

Pursuant to Education Code 35330 (d) and CCR Title V, Section 55220, I understand that I am, by law, deemed to have waived all claims against the San Bernardino Community College District or the State of California for injury, accident, illness, or death occurring during or by reason of this college activity.

I have read, understand, and agree to the above and have signed of my own free will.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETE IF STUDENT IS A MINOR (UNDER 18 YEARS OF AGE):

PARENT'S OR  
GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S OR  
GUARDIAN'S PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_

DISTRIBUTION AND USE  
(On Reverse Side)

### DISTRIBUTION AND USE

- This waiver consists of one original copy.
- The waiver must be used for every trip away from District property or the off-campus site identified.
- More than one date or location may be listed on the same form if each is clearly identified.
- All students must present an appropriately signed waiver prior to their participation in the activity.
- The waiver must be left with the appropriate Division Office prior to the trip.
- The waiver shall be retained by the Division Administrator for the remainder of the current school year and the one immediately following.
- If a student is injured or thought to be injured, it is the responsibility of the Division Office to forward the original copy of the waiver to Business Services immediately upon return from a trip.