EL CAMINO COMMUNITY COLLEGE DISTRICT

EXCURSION WAIVER FORM

VOLUNTARY EXCURSION WAIVER FORM, MEDICAL AUTHORIZATION AND AGREEMENT OF STUDENT PARTICIPANT RESPONSIBILITIES

An EXCURSION WAIVER FORM is MANDATORY for each student in attendance at an off-campus trip (traveling by car, bus, van, train or plane). Each form MUST be copied and distributed to the offices listed at the bottom of this form PRIOR to the trip departure date. NO EXCEPTIONS.

<table>
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<tr>
<th>(check appropriate box)</th>
<th>□ THIS ACTIVITY IS SPONSORED BY THE EL CAMINO COMMUNITY COLLEGE DISTRICT</th>
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<td>□ THIS IS A NON-DISTRICT SPONSORED ACTIVITY</td>
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NAME OF SPONSORING ORGANIZATION:__________________________________________________________

TYPE OF ACTIVITY:____________________________________________________________________

EL CAMINO COLLEGE ADVISER(S):__________________________________________________________

ACTIVITIES WILL BE HELD AT:____________________________________________________________________

ADDRESS:__________________________________________________________________________ CITY & STATE:____________________________________

DEPARTURE DATE & TIME:________________________________________ RETURN DATE & TIME:____________________

As stated in the California Education Code, I understand that I hold the El Camino Community College District, its officers, employees, and agents harmless from all liability and claims arising out of or in connection with my participation in this activity. I hereby release and discharge the above named sponsor from all liability arising out of or in connection with my participation in this activity. I understand that participation in the above activity is voluntary and is not required as a part of the regular college program.

In the event of any illness or injury, I hereby consent to whatever X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant. In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the below named student.

<table>
<thead>
<tr>
<th>NAME OF STUDENT PARTICIPANT:</th>
<th>STUDENT ID NUMBER:</th>
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I hereby agree that the student participant will comply with all of the above statements as well as the “Responsibilities of the Student Participant” listed on the back of this page.

Signature of ECC student, if 18 years or older __________________________ Date ______________

Signature of Parent/Guardian, if student under 18 years __________________________ Date ______________

Signature of both parents requested, if student under 18 __________________________ Date ______________

Student’s address: __________________________________________ Student’s phone number: (____)__________

Student’s Health Insurance Company: __________________________ Policy number: __________________________

Medical Conditions: __________________________________________

Medications: __________________________________________

IN THE EVENT OF ILLNESS OR ACCIDENT, PLEASE NOTIFY:

NAME: __________________________________________________ RELATIONSHIP TO STUDENT: __________________

ADDRESS: ______________________________________________ CITY: ______________________________

PHONE NUMBER: (____)________________

(If the student has any special medical problems or is taking prescription medication, please attach a description of the problem and/or list of the student’s medications to this sheet.)

THIS FORM MUST BE DISTRIBUTED AS FOLLOWS PRIOR TO THE EVENT: (1) Original to Adviser, (2) Copy to Student Development Office, (3) Copy to Vice President, Student & Community Advancement, (4) Copy to Campus Police

Excursion Waiver Form Rev. 12-11 kbv
EXCURSION AGREEMENT
RESPONSIBILITIES OF THE STUDENT PARTICIPANT

~ PLEASE READ THE STATEMENTS ON BOTH SIDES OF THIS SHEET ~

1. Completion of Excursion Waiver Form
   ✓ Student participant agrees to complete this excursion waiver form and return it to the adviser prior to leaving on the trip.

2. Transportation agreement
   ✓ Student participant agrees to travel to and from the activity/event in the transportation provided or agreed to by the adviser. A student participant who uses private transportation as a part of the field trip must understand that they have waived any claims against the District in the event of accident, injury or death.
   ✓ Student participant agrees to meet the adviser at designated times and locations for departure. Failure to do so may result in the group's departure without the student participant.
   ✓ Student participant agrees to notify the adviser prior to the activity/event if unable to attend.

3. Obtaining permission to leave
   ✓ Student participant agrees to obtain permission from the adviser in order to leave the activity/event or to embark on a personal side trip that is not activity related.

4. Unauthorized participants, visitors or guests
   ✓ Student participant is not permitted to invite unauthorized participants, visitors or guests to this activity/event.

5. Student conduct
   ✓ Student participant agrees to follow the directions/instructions of the adviser while attending this activity/event.
   ✓ Student participant agrees to comply with the ECC Standards of Student Conduct (Board Policy 5138) while attending this activity/event. Disciplinary action may be taken against any participant who engages in behavior defined as misconduct.
   ✓ Student participant agrees not to possess or consume alcoholic beverages or illegal substances during this activity (even if age 21 or over).

6. Personal possessions
   ✓ Student participant agrees to be responsible for any personal items brought on the trip (it is not recommended to bring "valuables").

7. Notification of Adviser regarding problems
   ✓ Student participant agrees to notify the adviser if a problem should arise.