**Waiver of Claims and Consent to Treatment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Division: |  |  | Class: |  |  | Faculty Member: |  |

|  |  |
| --- | --- |
| Field Trip Destination: |  |

**Departure:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  | , 20 |  | Time: |  | 🞏a.m. 🞏 p.m. |

|  |  |
| --- | --- |
| Depart From: |  |

**Return:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  | , 20 |  | Time: |  | 🞏a.m. 🞏 p.m. |

|  |  |
| --- | --- |
| Location of Return: |  |

|  |  |
| --- | --- |
| Mode of Transportation: |  |

The undersigned student acknowledges receipt of this form providing notification of the above-described field trip(s). The undersigned student (check one):       will attend the field trip(s);      will not attend the field trip(s) and requests that the absence(s) be excused. **(Reasons for not attending must be explained:** **).**

The District will provide free transportation to and from the destination. Students who do not use District-provided transportation shall not be permitted to participate in field trip activities, shall not receive credit for the field trip, and shall not be granted an excused absence from other classes missed.

|  |
| --- |
| **Waiver of Claims**  I voluntarily apply to go on the identified field trip(s) or excursion(s) and do hereby waive, relinquish, and agree not to pursue any claims, actions, or demands against San Joaquin Delta Community College District, its Trustees, officers, professors, supervisors, its agents, or other employees for injury, accident, illness, or death which may arise out of, or occur during or by reason of said field trip or excursion. This waiver is intended to apply to myself and any of my heirs, guardians, successors, or legal representatives. The undersigned student acknowledges that he or she has received this form, has read and understands it, and agrees to be bound by its terms.         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Name (Please Print) Student Signature  Dated: |
| **Consent to Treatment**  In case of medical emergency, the undersigned hereby authorizes College personnel to obtain emergency treatment from a physician, emergency care facility, hospital, paramedic unit, or from such other sources as may seem appropriate under the circumstances.         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Name (Please Print) Student Signature  Dated:  Name and Phone Number of  Student's Regular Physician:        ( )  Address of Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If student is under the age of eighteen (18) and has not been declared an emancipated minor, this form must be signed by the  student's parent or legal guardian.         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Parent or Legal Guardian (Please Print) Signature of Parent or Legal Guardian    Dated:  Phone Number of Parent or Guardian: (Day)        (Evening) |

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