

Ventura County Community College District

STUDENT PARTICIPATION FORM



Moorpark College

Oxnard College

Ventura College

Field Trip/Excursion/Class:	
Instructor/Advisor:	Date(s):
Student Name:	ID Number:
Student Phone No:	Student Address:

- Transportation: Passenger in District Vehicle
- Passenger by Commercial travel provided by District
- Student Providing Own Transportation (complete District-wide Form No 18010, Waiver for Use of Personal Transportation)

If student is a passenger in a District vehicle, the student agrees by signing below they are not authorized to operate a District vehicle and the passenger is not a District employee and is voluntarily riding as a passenger. The College is not responsible, nor does the College assume liability, for any injuries or losses resulting from this District approved activity.

Student Medical Information:

- Personal Insurance is available No Personal Insurance is Available

Medical Insurance Company: _____

Policy No. _____ Group No. _____

Specify any health issues or medical problems (if none, put N/A) _____

Emergency Contact: _____ Phone No. _____

This document ensures acknowledgement of your obligations while on a college-sponsored field trip, and includes a release and waiver of liability against the Ventura County Community College District (VCCCD) and its colleges. **Please read carefully before signing.**

1. **Field Trip/Excursion.** I will be attending the above-stated trip(s) or activities for the indicated length of time. Arrangements, including financial responsibilities for travel, lodging and meals have been

explained to me. I understand that participation in the trip specified above involves risks involved in traveling to, within, and returning from the location. I further understand that pursuant to the CA Code of Regulations, Subchapter 5, Section 55450, that by participating in the above trip, I am deemed by law to have waived any claims against the VCCCD, its Board of Trustees, employees, volunteers and colleges, for injury, accident, illness or death occurring during or by reason of the field trip.

2. **Institutional Arrangements.** I understand that the VCCCD does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Field Trip/excursion. I understand that the VCCCD is not responsible for matters beyond the control of either the District or the college sponsoring the trip.
3. **Health and Safety.** I recognize that I am responsible for my personal medical needs. There are no health related reasons or problems which would restrict my participation in the field trip/excursion (or if there are, I have listed them and reasonable accommodation has been made in writing, a copy of which is attached hereto.) It is my responsibility to notify the Instructor/Advisor of any medications to which I may have allergies, or if there are any medical treatments I refuse to have performed.

I further understand that accident and health insurance is my responsibility. Further, I understand that I am **ultimately responsible** for handling any insurance claim due to injury from this trip. The VCCCD student and athlete insurance does **NOT** provide 100% coverage for medical expenses related to an injury incurred on this trip. I have 48 hours from the time of any injury to report to the College Student Health Center. If I **do not** have private insurance, I am **required** by the Student Accident Insurance program to see a medical provider (Doctor Clinic or Hospital) who is an Anthem Blue Cross Participating Provider Organization (PPO). If I choose to see a medical provider who is not a Blue Cross PPO member, I may be personally responsible for a portion of my medical expenses.

In the event of any illness or injury, I hereby authorize and consent to examination and treatment as deemed necessary for my safety and welfare.

4. **Standards of Conduct.** I understand that as a student attending a college of the VCCCD, I am viewed as a representative of my college. It is my intention to act as a good-will ambassador and conduct myself in a fitting manner. I recognize that behavior which violates laws or college standards could reflect negatively on myself and the District, as well as be adverse to my own health and safety. If I should fall into legal problems while on the trip, I will attend to the matter personally with my own personal funds. I also will comply with all laws and District standards, rules and instructions for student behavior. I agree to abide by all of the rules and regulations with regards to my participation in the trip, including those relative to use of alcohol or illegal drugs. I also understand that the District can revoke its consent at any time for cause or in the event of cancellation of the trip. Should I violate any standards of conduct, I can be sent home at my own expense.
5. **Transportation.** I hereby acknowledge and understand that unless specifically advised otherwise, the college is not providing transportation and it is my responsibility to arrange for transportation to and from the location of the trip. If the college is providing transportation but I choose not to utilize it, I am responsible for my own arrangements and the college assumes no responsibility or liability of any kind. Further, I understand the driver of the vehicle in which I ride, either as driver or passenger, is not acting on behalf of the college or the District, and neither the college nor the District have verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle.

Neither the college nor the District is in any way responsible, nor do they assume any liability, for any injury or loss that may result from such transportation; and although the college may assist in coordination of transportation and/or recommend travel times, routes, car pooling or caravanning, recommendations or travel assistance provided is not mandatory.

6. **Release.** I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death 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 I do so for myself, my heirs, executors, administrators and assigns, hereby release, waive, discharge, and relinquish any action or cause of action aforesaid, which may hereafter arise for me or my estate, and agree that under no circumstances will I, my heirs, executors, administrators or assigns prosecute, present any claim for personal injury, property damage or wrongful death against the VCCCD or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of said persons, or otherwise.

It is my intention by this document to relieve VCCCD from liability for personal injury, property damage, or wrongful death caused by negligence.

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

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____
(if student under 18 years of age)

If a student/participant is a minor, then parent or guardian must sign. If student/participant is an adult (18 years of age or older), no signature of parent or guardian is required.

FORM MUST BE SUBMITTED TO FACULTY/ADVISOR, OR SUPERVISING EMPLOYEE RESPONSIBLE FOR THE FIELD TRIP/EXCURSION REQUEST