FAX TO: 650-949-7048 OR MAIL TO K.JORDAHL, FHC, 12345 EL MONTE RD. LOS ALTOS, CA 94022

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

STUDENT FIELD TRIP/EXCURSION AGREEMENT
VOLUNTARY ASSUMPTION OF RISK

For students under 18, please refer to the Minor Authorization Form

Name of Student (**please print**):_____

Age:_____ Instructor/District Representative: KateJordahl Campus: FH

Dates of activity(ies), multiple dates are allowed, please be specific as to dates and purpose:

2/24 or 3/1 to Cantor for docent lead tour, PhotoCentral Gallery Hayward, 1/20 and 3/16

Completion of this form is required for all student field trip/excursion activities.

READ CAREFULLY AND COMPLETELY

By signing this release I understand and agree to the following:

1. I understand that this field trip/excursion is a voluntary act on my part and that I am not required to participate in this fieldtrip/excursion.

2. By participating in this field trip/excursion, I am assuming certain risks and I am waving certain rights:

   Student understands that his/her participation in the field trip/excursion carries with it the risk of personal injury, property damage or death, to student, whether from accident or intentional misconduct of a third person. In order for the District to permit him/her to participate in the program, the student hereby accepts and expressly assumes all risk of such injury or death. Student releases and discharges the district, its officers, employees and servants (herein collectively referred to as "district") from all liability arising out of, or in connection with student's participation in the above described activity, including travel, EVEN LIABILITY ARISING FROM THE DISTRICTS NEGLIGENCE. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that the student or student's heirs, executors, administrators or assignees may have against the district, or that any other person or entity may have against the district, because of any death, personal injury or illness, or because of any loss of or damage to property, that occurs during the above described activity and that results from any cause INCLUDING THE NEGLIGENCE OF THE DISTRICT.

   In accordance with CA Code of Regulations, Title 5, Section 55450 regarding fieldtrips or excursions, Student further agrees to hold harmless, defend and indemnify the DISTRICT from any and all liability, as defined above, resulting from, or in any manner arising out of, or in connection with the STUDENT'S participation in the above described activity, EVEN IF SUCH LIABILITY IS DUE TO THE NEGLIGENCE OF THE DISTRICT.

3. That I am granting permission in the event of a medical emergency:

   In the event of any medical emergency STUDENT authorizes the consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the DISTRICT Faculty Sponsor deems necessary for the safety and protection of the STUDENT.

I have read the above and understand its terms. I execute it voluntarily and with full knowledge of its significance.

_____ _____

Signature of Adult Student **Date**

Kate Jordahl

_____ _____

Signature of Instructor/Staff Member **Date**

In the event of an emergency, please contact: _____,

at the following number: _____