

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
**STUDENT FIELD TRIP/EXCURSION AGREEMENT MINOR
AUTHORIZATION RELEASE AND NOTIFICATION**

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

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

I, the undersigned certify that I am the parent or legal guardian of _____, as the parent or legal guardian, I authorize my child to attend and participate in the following "excursions/fieldtrip" (dates/location):

READ CAREFULLY AND COMPLETELY
By signing this release I understand and agree to the following:

Parent/Legal Guardian understands that the student's participation in the field trip/excursion carries with it the risk of personal injury, property damage or death, to the student, whether from accident or intentional misconduct of a third person. In order for the District to permit the student to participate in the program, Parent/Legal Guardian hereby accepts and expressly assumes all risk of such injury or death. Parent/Legal Guardian 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, Parent/Legal Guardian 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.**

In the event of any medical emergency I authorize 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 Parent/Legal Guardian

Date

Print Name of Parent/Legal Guardian

Signature of Instructor/Staff Member

Date

In the event of an emergency, I can be reached at: _____