



**MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT  
Volunteer Activity/Excursion Form and Waiver**

**Directions:** Fill in the following form, read and initial as indicated, and sign on page 2. **Do not leave blanks!**

**Name of Activity/Excursion:** \_\_\_\_\_

**Name of Class/Club:** \_\_\_\_\_

**Location of Activity/Excursion:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Activity Departure Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Medical and Emergency Information:**

**Initial  
above**

In the event of illness or injury, I hereby consent to whatever medical treatment and hospital care is deemed necessary for my safety and welfare from a licensed medical professional. It is understood that any resulting expenses will be the responsibility of the activity Participant.

**Initial  
above**

Unless indicated below, I certify that I have no known medical condition(s) which may pose a risk to the health and safety of myself or others by participating in the activity(ies). I agree to advise the District in writing below of any medical condition(s) which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

**I have the following known medical condition(s):** \_\_\_\_\_

*If none, please indicate n/a .*

**Participant's Medical Insurance Carrier Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

*If no insurance, please indicate n/a .*

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Indemnification and Waiver:**

Per California Education Code Section 35330 and California Code of Regulations, Subchapter 5, Section 55450, by participating in the field trip(s)/excursion(s), I understand that I waive all claims against the District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents or employees. The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself 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 the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Mt. San Jacinto Community College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

**Indemnification and Waiver (continued):**

Participant acknowledges that he/she has read the foregoing Waiver and Indemnification, has been fully and completely advised of the potential dangers incidental to engaging in the voluntary activity and instructing of this activity, and is fully aware of the legal consequences of signing this form.

Participant acknowledges that if the college is not providing the transportation:

- The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- The college is in no way responsible, nor does the college assume any liability, for injury or loss which may result from my transportation;
- Although the college may assist in coordinating the transportation and/or recommend travel time, routes, carpooling, or caravanning, recommendation(s) or travel assistance provided is not mandatory.

**Authorization:**

By signing below, Participant confirms that they are age 18 or over and that all information included in this document is true and correct. Participant agrees indemnify the college as indicated above.

**If Participant is under the age of 18, parent or legal guardian must also sign below:**

**Signature(s):**

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Only required if Participant is under the age of 18.**