

Santa Monica Community College District
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT
(Please return to the A.S. Office 5 days prior to field-trip.)

The *undersigned, (Name):* _____ *SMC ID#* _____

hereby voluntarily participates in a trip *to* _____

on (Date): _____ organized by persons associated with the Associated Students of Santa Monica College, an organization authorized by the SANTA MONICA COMMUNITY COLLEGE DISTRICT, which persons have formed what is known as the "Associated Students of Santa Monica College." The "Associated Students of Santa Monica College" is intended to promote the intellectual, social, educational, and cultural welfare of the students of Santa Monica College. The undersigned expressly understands, acknowledges and agrees that participation in this event, or any other event or activity organized or sponsored by the "Associated Students of Santa Monica College" is strictly voluntary, is not a required condition of enrollment with the SANTA MONICA COMMUNITY COLLEGE DISTRICT, and is not in any way a school sponsored activity.

(LOCATION of field trip will be abbreviated as _____.)

In consideration of being permitted to participate in, and travel to and from, the "Associated Students of Santa Monica College" *excursion to* _____. The *undersigned, (Name):* _____ hereby release the Santa Monica Community College District, its agents and employees, from any and all liability to the undersigned for any loss or damage on account of injury or death to the undersigned which occur traveling to or from, or any time during the *excursion to* _____, and which are caused by the negligence or carelessness of the District, its agents and employees, which, in any way, arise during the *excursion to* _____.

I further consideration of being permitted to travel to and from or otherwise participate in the "Associated Students of Santa Monica College" *excursion to* _____, the undersigned hereby agrees to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENTANTS NOT TO SUE THE SANTA MONICA COMMUNITY COLLEGE DISTRICT, its Directors, officers, employees and agents (hereinafter "releases") from any and all liability to the undersigned, his/her personal representative assigns, heirs, and next of kin for any loss or damage, any and all claims or demands therefore on account of injury to the person or property resulting in injury or death of the undersigned is traveling to and from, in, upon, about or during any portion of the *excursion to* _____ described herein.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMINFY AND SAVE AND HOLD HARMLESS THE RELEASES from any loss, liability, damage or cost that may arise involving the undersigned in traveling to or from, in, upon, about or during the *excursion to* _____, whether caused by the negligence or carelessness of releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence or carelessness or releases or otherwise while traveling to or from, in about, upon or during the *excursion to* _____.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California, and that is any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY, KNOWINGLY AND WILLINGLY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Club Name: _____ *Full-Time Advisor:* _____

I have read this release: _____
Print Name *Signature* *Date*

I am the parent/legal guardian of the participant who is under 18 years of age to whom the above statements apply and I am executing this agreement.

Parent/Legal Guardian Printed Name & Signature

Date

MEDICAL CONSENT

(FT Advisor keeps this form while attending the Field-Trip.)

In the event of any medical emergency, I grant to the Santa Monica College District or any of its representatives on the trip, the full authority to take any action deemed necessary to protect my health and safety at my expense. This authority shall include but is not limited to, placing the participant under the care of a doctor or in a hospital at any place for medical examination and/or own expense if such return is deemed necessary after consultation with medical authorities.

Name of Student: _____ SMC ID#: _____

Club: _____ A.S. #: _____

Trip to: _____ Date of Trip: _____

I am 18 years of age or older and I am the participant. Month & Year of Birth: _____

I am the parent/legal guardian of the participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing this consent.

I have read this consent and I understand its terms. I execute it voluntarily and with full knowledge of its significance. I have completed the "EMERGENCY INFORMATION" section below with correct information.

Print Name and Signature of Participant or Legal Guardian

Date

Street Address

City

Zip Code

Home Phone #

Personal Cell Phone #

EMERGENCY INFORMATION – Complete All Information

In case of emergency please contact: (full name) _____

Relationship: _____ Contact Phone#(s): _____

My Medical Insurance Carrier: _____ Policy #: _____

I am currently taking the following Medication(s) & dosage(s) [prescription and non-prescription]:

Associated Students of Santa Monica College
CONFERENCE, RETREAT AND FIELD TRIP AGREEMENT
(Full Time Advisor keeps this form while attending the Field-Trip.)

Club Name: _____ FT Advisor: _____

Event: _____ Date(s): _____

Trip to: _____

City/State of Trip: _____

I understand that I am attending this conference, retreat, or field trip as a representative of Santa Monica College and that my expenses are paid by the students of Santa Monica College.

I understand that I am to conduct myself in a responsible manner and agree to the following:

1. No Drinking (even if I am over 21 years of age)
2. No Drugs
3. No Rowdy or Lewd Behavior
4. No Phone Calls, Movie Rentals, Food or Beverages Charged to your room.
5. No behavior that will endanger myself or others.
6. Nor will I leave the facilities in which I am lodged or premises of the event without the written, personal permission of the Full-Time Advisor supervising the trip.

I understand that violation of this agreement may result in my immediate return to my home at my own expense. I also understand that I may be subject to penalties administered by the Santa Monica College Student Judicial Affairs Department (Disciplinarian Office).

Student Name (print): _____ SMC ID#: _____

Student Signature: _____ Date: _____

I am the parent/legal guardian of the participant who is under 18 years of age to whom the above statements apply and I am executing this agreement.

Parent/Legal Guardian Printed Name & Signature

Date

Personal Vehicle Use - DRIVER

(Please return to the A.S. Office 5 days prior to field-trip.)

Name: _____	Phone: _____	SMC ID# _____
Driver's License #: _____	Expiration Date: _____	Date of Birth: _____
Year & Make of Auto: _____	Vehicle License #: _____	
Insurance Carrier: _____	Phone: _____	
Liability Limits: _____	Policy #: _____	Exp. Date: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that while driving my personal vehicle in the course of my duties with the Santa Monica College that I must have liability insurance coverage and a valid driver's license as required by the State of California. I agree to advise the college, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

If you drive your personal automobile while on college business and you are involved in an accident, by law your liability insurance policy is used first. The college liability coverage would be used only after your limits have been exceeded. The college does not provide comprehensive or collision coverage to your vehicle.

All persons driving on college business will:

1. follow the most direct route;
2. avoid unnecessary stops;
3. transport only authorized persons, no guests;
4. transport no more than nine (9) students/staff, no matter if the vehicle can accommodate more students/staff;
5. ensure that all occupants use seat belts required by the State of California.

Attach a photocopy of the following documents:

1. "Proof of Insurance" provided by your automobile insurance company that indicates expiration date of insurance, and
2. your valid driver's license.

The Santa Monica College may obtain a driving record check from the California Department of Motor Vehicles.

Field Trip to: _____ Date of Trip: _____

City/State of Field Trip: _____

Club Name: _____ Purpose: _____

Driver's Name (print) _____ Driver's Signature _____ Date _____

Full-Time Advisor Name (print) _____ FT Advisor Signature _____ Date _____