

VOLUNTARY FIELD TRIP/EXCURSION NOTICE

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, by participating in the voluntary field trip/excursion, I am deemed by law to have waived any claims against the Allan Hancock Joint Community College District for injury, accident, illness or death occurring during or by reason of the field trip/excursion.

I further understand that the participation in the field trip/excursion is voluntary.

In the event of accident or illness please notify:

I agree to advise the District in writing of any medical, physical or health condition which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

NAME:		_
ADDRESS:		_
		_
PHONE: (H)	(W)	<u> </u>
is not providing and from the a not driving on	owledge and understand that unless specifically advised oth g the transportation and it is my responsibility to arrange for my activity. It is further understood that the driver of the vehicle in a behalf of or as an agent of the District and the District has not a lriver, the liability insurance on the vehicle, or the condition of the	y transportation to which I am riding is verified the driving
	nat the District is in no way responsible, nor does the District as oss which may result from my transportation.	ssume liability, for
routes, car poo	listrict may assist in coordinating the transportation and/or recording, or caravanning, I understand that any recommendation(sovided is not mandatory.	
NAME (DDINIT	-1	
NAME (PRINT		
SIGNATURE _	DATE	