



Associated Students of Santa Monica Community College District

A.S. DIRECTORS & ICC CLUBS - DAY TRIP FORM

(SMC Field Trip/Excursion Approval Request and Liability Waiver)

1. This form is approved for use of **A.S. Directors / ICC Clubs** field trips or excursions that **do not involve overnight travel**.
2. If overnight travel is involved, or if a minor will participate in the trip, the A.S. Individual Field Trip Form must be used.
3. Complete this form; obtain ALL signatures (except for the Associate Dean of Student Life); and submit this with the A.S. FIELD TRIP PROPOSAL.

Field Trip Itinerary

Full Time Supervising Advisor: _____ **Club / A.S. :** _____

Co-Advisor(s): _____

Field Trip to: _____ **Address:** _____

Departure Date & Time: _____ **Return Date & Time:** _____

Method of Transportation:

Students provide their own transportation

SMC BUS/Transportation Request: Contact Mitch Heskell, Dean Education Enterprise

Other: _____

Full-Time Supervising Advisor's Signature: _____ **Date:** _____

Associate Dean of Student Life Signature of Approval: _____ **Date:** _____

**Note: submit this form without the Associate Dean's signature, s/he will sign this form after the A.S. Activity Meeting.*

As required by Title 5, Section 55220 of the California Code of Regulations, I understand and agree that I shall hold the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in any field trip or class excursion during the above-described course (hereinafter "Activity"), including injuries, accident, illness or death.

If my participation in this Activity results in any liability, claims, causes of action, or demands against the Santa Monica Community College District, its Board of Trustees, officers, agents, representatives, employees, volunteers, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles in such an action.


In the event of any illness or injury while participating in the Activity, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

If I provide my own transportation or ride with another student, it is fully understood that the Santa Monica Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation. I also understand that the driver is not driving as an agent of or on behalf of the District.

I fully understand that participants are to abide by all rules and regulations governing conduct during the Activity. Any violation of these rules and regulations may result in my being sent home at my own expense and may result in disciplinary action.

I have read the Excursion / Field Trip Form Including Release of Liability set forth on Page 1 of this form, in its entirety.

My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

| Student Signature Sheet | | Page # | of |
|---|--|---------------------------------|-----------|
|  <p>If additional space is needed, please print-out extra blank copies of this page.</p> <p>NOTE: if a minor will participate in this trip, their parent / guardian must complete the A.S. Individual Field Trip Form</p> | | | |
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| Club Name / A.S.: | | Field Trip Name: | |
| Departure Date & Time: | | Arrival Date & Time: | |
| STUDENT NAME (print legibly) | | STUDENT SIGNATURE | |
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