

**MIRACOSTA COMMUNITY COLLEGE DISTRICT  
EXCURSION LIABILITY RELEASE and AGREEMENT**

**Field Trip Special Guidelines**

1. As required by Administrative Procedure (AP) 4300, filed January 6, 2016, at 11:02 AM, in Case No. 16-0000202, by (0) 5 25 547

**Section 1. Liability**

**Section 2. Rules and Requirements**

Obey and uphold any and all rules and requirements of the excursion; observe the designated schedule and follow the instructions given by District supervisory personnel in all matters pertaining to the excursion.  
I grant the District, acting by and through the personnel designated to supervise said excursion, the right to terminate my participation in the excursion if it is determined by them that my continued participation is detrimental to or in conflict with the purpose of the excursion, or is not in harmony with the best interests of the other participants and/or supervisory personnel.  
Violation of any of the stated rules or regulations pertaining to this excursion will result in my immediate removal from said excursion.

**Section 3. Medical Consent**

In a medical emergency arising during the course of the excursion, I grant to the District acting through its designated supervisory personnel full authority to take any action deemed necessary to protect my health and safety at my expense, including, but not limited to, placing me under the care of a doctor, hospital and/or other qualified medical personnel to examine and/or treat.

**Section 4. Accident/Emergency Illness**

Student Accident Insurance does not cover field trips outside of the USA. Coverage applies while; (a) attending regularly scheduled classes at the District; (b) while attending college-sponsored activities, including

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I, (Faculty/Staff Member) hereby authorize the individuals listed below on this form to participate in this excursion with the terms and conditions described below and affirm that I personally observed each individual signing this form.

\_\_\_\_\_  
Printed Name of Faculty/Staff Member Supervising Excursion      X \_\_\_\_\_  
Signature of Faculty/Staff Member      Date

\_\_\_\_\_  
Printed Name Vice President, Dean or Designee      X \_\_\_\_\_  
Signature Vice President, Dean or Designee      Date

Class: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Instructor/Staff Member: \_\_\_\_\_ Mail Station #: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

The MiraCosta Community College District ("District") grants:  
The Participant(s), who have read the information under Sections 1-5 and signed below, have permission to participate in the excursions specified below:

- \_\_\_\_\_ scheduled for (date) \_\_\_\_\_
- \_\_\_\_\_ scheduled for (date) \_\_\_\_\_
- \_\_\_\_\_ scheduled for (date) \_\_\_\_\_
- \_\_\_\_\_ scheduled for (date) \_\_\_\_\_
- \_\_\_\_\_ scheduled for (date) \_\_\_\_\_
- \_\_\_\_\_ scheduled for (date) \_\_\_\_\_

I have read Sections 1-5 which includes the liability release and understand and agree to its terms and conditions. I execute it voluntarily and with full knowledge of its contents, ramifications and my responsibilities thereof as evidenced by me having signed below. I am 18 years of age or older and am the Participant. If Participant is under 18 years of age, a Form B-169M must be completed and signed.

<u>Participant's Printed Name</u>	<u>Participant Signature</u>	<u>Date</u>
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<u>Participant's Printed Name</u>	<u>Participant Signature</u>	<u>Date</u>
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**Upon completion of this form, please submit to the appropriate Dean.  
The Dean's office will forward final copies to the Office of Risk Management.**