

Appendix 2

Field Trip Forms

Following are two copies of the standard double-sided form required for student participation in a field trip. For each trip, the student should complete both sides and return it to the instructor.

If you are under 18 years of age you will have to obtain the signature of your parent or guardian for each of three parts of the form that require a signature.

Travel away from the group is generally discouraged. On "all day" field trips, it is granted only for students associated with the Disabled Student's Resources Center. For the "in town" field trips to North Mountain or Thunderbird Park, you must make arrangements with your instructor for travel away from the group PRIOR to the field trip day. If you travel away from the group, you are responsible for your transportation during the entire exercise. If you get lost, it is not the responsibility of the instructor.

Field Trip Form (COMPLETE BOTH SIDES)

Students are required to submit certain documents prior to any college travel. Please review and return the following documents to your faculty instructor by the date established for your class.

You are participating in an instructional experience in _____ on the dates specified by your instructor.
Location

Please note the following:

- A. You are responsible for making appropriate travel arrangements to and from each site unless special arrangements have been made with your instructor.
- B. Be sure that if you participate in a carpool it is your responsibility to ensure that the driver has car insurance for all passengers.
- C. You are responsible to follow all student code of conduct rules as specified in the catalog/handbook.
 - C1. There is to be no use of alcohol and/or illicit drugs.
 - C2. Behavior must be appropriate at all times.

You are not covered by any college insurance to and from events.

Documents to be returned: this memo, Voluntary Assumption of Risk and Release of Liability Agreement, Student Emergency Information Form

This educational experience serves as _____. (# of credits, extra-credit, etc)

If you have any questions or concerns, please talk with your instructor

Participant _____ Date _____
Please Print Signature

Parent or Guardian: _____ Date _____
(if participant is a minor) Please Print Parent Signature if participant is a minor.

MARICOPA COMMUNITY COLLEGE DISTRICT
GLENDALE COMMUNITY COLLEGE
STUDENT EMERGENCY INFORMATION CARD
(This card is to be in possession of supervisor on each College trip)

NAME OF ACTIVITY _____ DATE _____

STUDENT'S NAME _____ AGE _____

_____ Last First M.I. ADDRESS _____ PHONE _____

CITY _____ ZIP _____ BUSINESS _____

FAMILY PHYSICIAN _____

ADDRESS _____ PHONE _____

PREFERRED HOSPITAL _____

HOSPITALIZATION INSURANCE _____

DATE OF LAST PHYSICAL EXAMINATION _____

HISTORY OF DIABETES OR EPILEPSY? _____

ALLERGIES TO SULPHA, PENICILLIN, ETC. _____

PARTICIPANT'S (or PARENT'S) PERMISSION TO ADMINISTER ANESTHETIC? YES _____ NO _____

Signature of student (or signature of parent or guardian if under 18)

Turn form over- both sides must be completed

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT- Glendale Community College Applied Science Department

VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY

CAUTION: THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING.

Glendale College is a non-profit educational institution. References to Glendale College ("College") include Glendale College, the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I (print your name) _____, freely choose to participate in the _____ (henceforth referred to as the Program). In consideration of my voluntary participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF TRAVEL: (*Specific dangers endemic in this Program's area of travel.*) I understand there are certain risks associated with my participation in this program. I have been advised of these risks and I still voluntarily wish to participate. Specific risks include: hot/cold dry climates and exposure to the sun; altitudes around 7500' above sea level; possible encounters with poisonous plants, insects and reptiles; carnivorous mammals; steep and/or rocky trails; caves with low ceilings (hard hats are recommended); cliffs; possible physical exertion while participating in voluntary hikes; hantavirus and bubonic plague; and other risks not specified.

INSTITUTIONAL ARRANGEMENTS: I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release College from any liability for any actions.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____
(if student is a minor)

Field Trip Form (COMPLETE BOTH SIDES)

Students are required to submit certain documents prior to any college travel. Please review and return the following documents to your faculty instructor by the date established for your class.

You are participating in an instructional experience in _____ on the dates specified by your instructor.
Location

Please note the following:

- A. You are responsible for making appropriate travel arrangements to and from each site unless special arrangements have been made with your instructor.
- B. Be sure that if you participate in a carpool it is your responsibility to ensure that the driver has car insurance for all passengers.
- C. You are responsible to follow all student code of conduct rules as specified in the catalog/handbook.
 - C1. There is to be no use of alcohol and/or illicit drugs.
 - C2. Behavior must be appropriate at all times.

You are not covered by any college insurance to and from events.

Documents to be returned: this memo, Voluntary Assumption of Risk and Release of Liability Agreement, Student Emergency Information Form

This educational experience serves as _____. (# of credits, extra-credit, etc)

If you have any questions or concerns, please talk with your instructor

Participant _____ Date _____
Please Print Signature

Parent or Guardian: _____ Date _____
(if participant is a minor) Please Print Parent Signature if participant is a minor.

MARICOPA COMMUNITY COLLEGE DISTRICT
GLENDALE COMMUNITY COLLEGE
STUDENT EMERGENCY INFORMATION CARD
(This card is to be in possession of supervisor on each College trip)

NAME OF ACTIVITY _____ DATE _____

STUDENT'S NAME _____ AGE _____

ADDRESS _____ PHONE _____
Last First M.I.

CITY _____ ZIP _____ BUSINESS _____

FAMILY PHYSICIAN _____

ADDRESS _____ PHONE _____

PREFERRED HOSPITAL _____

HOSPITALIZATION INSURANCE _____

DATE OF LAST PHYSICAL EXAMINATION _____

HISTORY OF DIABETES OR EPILEPSY? _____

ALLERGIES TO SULPHA, PENICILLIN, ETC. _____

PARTICIPANT'S (or PARENT'S) PERMISSION TO ADMINISTER ANESTHETIC? YES _____ NO _____

Signature of student (or signature of parent or guardian if under 18)
Turn form over- both sides must be completed

VOLUNTARY ASSUMPTION OF RISK AND RELEASE OF LIABILITY

CAUTION: THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND IT BEFORE SIGNING.

Glendale College is a non-profit educational institution. References to Glendale College (“College”) include Glendale College, the Maricopa County Community College District (“MCCCD”), its officers, officials, employees, volunteers, students, agents, and assigns.

I (print your name) _____, freely choose to participate in the _____ (henceforth referred to as the Program). In consideration of my voluntary participation in this Program, I agree as follows:

SPECIFIC HAZARDS OF TRAVEL: (*Specific dangers endemic in this Program’s area of travel.*) I understand there are certain risks associated with my participation in this program. I have been advised of these risks and I still voluntarily wish to participate. Specific risks include: hot/cold dry climates and exposure to the sun; altitudes around 7500’ above sea level; possible encounters with poisonous plants, insects and reptiles; carnivorous mammals; steep and/or rocky trails; caves with low ceilings (hard hats are recommended); cliffs; possible physical exertion while participating in voluntary hikes; hantavirus and bubonic plague; and other risks not specified.

INSTITUTIONAL ARRANGEMENTS: I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

INDEPENDENT ACTIVITY: I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release College from any liability for any actions.

TRAVEL CHANGES: If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____
(if student is a minor)