



**San Diego Community College District
Minor (Under 18) Student
Travel Permission/Release/Waiver**

Campus: City Mesa Miramar Continuing Education (Specify Campus): _____

Student Name: _____ Student ID No.: _____
(PRINT) Last First MI

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Travel to: _____
Enter Destination or Attach Travel Schedule

Departing: _____ on: _____ via: _____
Location Date District/Self

Returning to: _____ on: _____ via: _____
Location Date District/Self

WAIVER: I understand and agree that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California and the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of the field trip or excursion. Further, I understand that of my own volition and insistence, I give permission for my child/ward to depart from the scheduled activities or use transportation other than that provided by the District. It is fully understood that the District is in no way responsible, nor assumes liability, for any injuries or losses resulting from my child's/ward's departure from the scheduled activities and/or transportation.

I, _____, declare that I am the parent/guardian of the student identified in this form. I have read and understand the above waiver and conditions of the scheduled trip. Further, I agree to hold harmless, defend and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with, my child's/ward's participation in this field trip.

I hereby give permission for my child/ward to participate in the trip as scheduled.

Parent/Guardian Name: _____
(PRINT)

Parent/Guardian Signature: _____ Date: _____

NOTE: Submit completed authorization to instructor/advisor responsible for travel

Emergency Contact Information

Contact Name: _____ Relationship: _____
(PRINT)

Primary Telephone: _____ Secondary Telephone: _____

Instructor: Attach original to approved Request/Authorization to Conduct Off-Campus Student Activity form