MINOR (UNDER 18) STUDENT TRAVEL PERMISSION/RELEASE/WAIVER

Student Name _____________________________________________

Last                  First                  M.I.       CSID#

Campus:  □ City  □ Mesa  □ Miramar  □ Continuing Education (Specify Campus) _____________

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: _________________________________ on ______________ via _________________________________
Location                  Date                                   District/Self

I understand that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California, the San Diego Community College District and their agents, officers, and employees for any injury, accident, illness, or death occurring during or by reason of the field trip or excursion; except when the District fails to fulfill its legal obligation to exercise reasonable care in supervising students while they are engaged in District sponsored activities or using District provided transportation.

I, ___________________________________, declare that I am the parent/guardian of the student identified in this form. I have read and understand the conditions of the scheduled trip. Further, I understand that if 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, I thereby release the District from any and all obligation to exercise reasonable care in supervision of my child/ward after he/she departs the scheduled trip. Further, I agree to hold harmless, defend and indemnify the San Diego Community College District, it’s agents, officers and employees from any and all claims, demands, liabilities, losses or expenses which may arise from any injury to my child/ward after he/she has departed from the scheduled trip or at any time while using transportation provided by other than the District.

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

Parent/Guardian _____________________________________________
PRINT Name                          Signature                    Date

Emergency Contact _____________________________________________ Telephone Number __________________________

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

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