

Feather River Community College District  
**STUDENT TRAVEL FORM**  
**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**  
**RULES, REQUIREMENTS, RESPONSIBILITIES & MEDICAL INFORMATION**

Completion of this form is required by State regulation and District policy for all student travel, excursions, field trips, activities and tours. **If the participating student is under 18 years of age, this form must be completed and signed by the participant and the participant's parent or legal guardian.**

California Code of Regulations, Title 5, Section 55450 provides, in part, as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of students taking out-of-state field trips or excursions shall sign a statement waiving such claims."

The District has granted \_\_\_\_\_ permission to participate in the field  
(herein after "Participant")

trip, event, class or activity: \_\_\_\_\_ scheduled for: \_\_\_\_\_  
Date(s)

**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury and/or illness to individuals who participate. I understand and acknowledge that some of the injuries and/or illness which may result from participating in these activities include, but are not limited to, the following: sprains, strains, fractured bones, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, blood borne pathogens and/or death.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such activities.

I understand, acknowledge and agree that the District, its employees, officers, agents or volunteers, shall not be liable for any injury and/or illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies).

I agree to hold harmless, defend and indemnify the District from any and all liability, resulting from, or in any manner arising out of the activity(ies).

**RULES AND REQUIREMENTS**

The Participant further agrees to accept all the rules and requirements of the trip, observe the program schedules, and to follow the instructions given by supervisory personnel and grants the right to terminate participation in the program if it is determined that conduct is detrimental to the best interests of the group, in which event return home shall be at personal expense. Any violation of District rules or regulations may be cause for suspension or expulsion from the college, subject to the District student due process procedure upon return.

I hereby acknowledge and understand that unless specifically advised otherwise, the District is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. If the District is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the District assumes no responsibility or liability of any kind. During any transportation in any private or personal vehicle, I further understand that: 1. The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the District, and the District has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle; 2. The District is in no way responsible, nor does the District assume liability, for any injury or loss, which may result from my transportation; 3. Although the District may assist in coordinating the transportation and/or recommend travel time, routes, car pooling, or caravanning, any and all such recommendation or assistance provided is not mandatory.

**RESPONSIBILITY**

Participant fully recognizes and agrees that the District cannot and will not be held responsible for needs or well-being when not under the direct supervision of District personnel during the activity.

**(over)**



Feather River Community College District  
**RELEASE OF LIABILITY AND MEDICAL CONSENT FORM**  
**Hazardous Activities Class**

I, the undersigned, certify that I desire to participate in the following \_\_\_\_\_ class(es):  
Semester & Year (Example: Fall 2003)

Course No.	Course Name	Instructor	Course Index #
Course No.	Course Name	Instructor	Course Index #
Course No.	Course Name	Instructor	Course Index #

I understand that participation in this class and its activities is voluntary. It is further understood that the class and its activities, by their very nature, pose a high degree of risk of injury or illness, including death, and that I willingly and knowingly wish to participate in spite of these risks.

In consideration of the benefits provided by the Feather River Community College District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the SCHOOL DISTRICT, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts howsoever caused by the DISTRICT or any of its officers, agents, employees or volunteers as a result of my participation in the class, and its activities.

In addition, I hereby release the DISTRICT, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or hereafter at any time have for injury or damage: 1) Resulting from the dangerous or other condition of any DISTRICT facility or property; 2) Suffered by me while participating in or traveling to and from, the class and its activities; or 3) Suffered by me in any other activity associated with the class and its activities.

I agree that the DISTRICT makes no representations or warranties as to the repair or condition of the property, equipment or facilities, which I will be using, and I take such property, equipment and facilities AS IS. I further agree that it shall be my obligation, not the DISTRICT's, to assure that the property, equipment and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty, and not the DISTRICT's, to inspect such property, equipment and facilities before they are used, and to take affirmative steps to repair, or where necessary, warn in order to prevent injury to person or property.

I have carefully read this agreement, and fully understand its contents. I am aware that this is a Release of Liability, Medical Consent Form and a legally binding contract between the Feather River Community College District and me, and I sign it of my own free will.

**MEDICAL CONSENT**

Participant has no known medical condition(s), which may pose a risk to the health and safety of Participant or others by participating in the activities. Participant agrees to advise the District in writing of any medical, physical or health condition that may be affected or in any way jeopardized by participating in the activities. In the event of any medical emergency, Participant authorizes and consents to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the District program supervisor deems necessary for the safety and protection of the Participant.

Participant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's (Adult Student) **signature**: \_\_\_\_\_

If student is a MINOR,  
**signature** of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(over)**

Feather River Community College District  
**RELEASE OF IMAGES AND MEDIA FORM**

I grant permission to Feather River College and its employees and agents, to take and use visual images of me. Visual images are any type of photographs, digital images, drawings, renderings, video recordings or accompanying written descriptions. I agree that the photographer owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such college sponsored web sites, publications, promotions, advertisements, and posters, as well as for non-college uses. I waive any rights to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release FRC and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use the images, or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone or email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Office Use Only:

Project Name: \_\_\_\_\_

Photographer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Notes: