CCSF Field Trip Notice and Medical Authorization

Field trip destination:

Field trip date:

Various locations within and surrounding San Francisco October 13 and 20, 2018, 9:00 am to 5:00 pm

Department: Earth Sciences Instructor: Katrvn Wiese Course: GEOL 21A Purpose: Coastal Geology lab/field trip – study coastal processes Departure procedure: Student provides own transportation on and to field trip

You are responsible for your own transportation to and from the field trip sites.

- 1. Pursuant to Title 5 of the California Code of Regulations, Section 55450, all persons making the field trip(s) or excursion(s), shall be deemed by law to have waived any claims against the San Francisco Community College District/City College of San Francisco for injury, accident, illness or death occurring during or by reason of the field trip/excursion.
- The participant has no known medical condition(s) which may pose a risk to the health and safety of himself/herself 2. or others by participating in the activity(ies). The participant (or parent/guardian) agrees to advise the District/College in writing of any medical, physical, or health condition which may be affected or in any way be jeopardized by participating in this field trip or excursion.
- The participant (or parent/guardian) hereby acknowledges and understands that unless specifically advised 3. otherwise, the District/College is not providing the transportation and it is the participant's (or parent's/guardian's) responsibility to arrange for transportation to and from the activity.
- 4. The participant (or parent/guardian) further understands:
- The driver of the vehicle in which the participant is riding, either as driver or passenger, is not driving on behalf of or • as an agent of the District/College, and the District/College has not reviewed the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- The District/College shall not be held responsible, and the District/College does not accept liability, for any injury or • loss which may result from the transportation;
- Although the District/College may assist in coordinating the transportation and/or recommend travel time, routes, • carpooling, or caravanning, such recommendation(s) or travel assistance provided is not required to be accepted.

Also, in the event of any illness or injury, I hereby consent to diagnosis, treatment, and/or hospital care from a licensed physician as deemed necessary for my safety and welfare. I understand that I am responsible for any resulting expenses.

Name (print):		
Student ID number:		
Signature:		
Guardian Signature (if under 18 years old):		
Date:		
In the event of illness or accident, please notify (someone in the Bay Area please):		
Name		

the of miness of actually please notify (someone in the bay filea please).	
Name	
Address:	
Phone:	