Completion of this form is required for participation by students/non-employees under 18 years of age in any and all excursions (i.e., field trips, club activities, or any other special event) sponsored by the MiraCosta Community College District. No one will be permitted to attend/participate in any excursion specified below unless this form has been completed, approved, and signed by the participant, the faculty/staff member supervising/coordinating the excursion and the appropriate Vice President, Dean or Designee. Please Note: Instructional off-campus meetings need to be announced in the course syllabus (please attach to form). Minors may not participate in any international travel/activity.

I hereby acknowledge that the individual listed on this form is participating in the excursion(s) specified with the terms and conditions described herein:

<table>
<thead>
<tr>
<th>Printed Name of Faculty/Staff Member Supervising Excursion</th>
<th>Signature of Faculty/Staff Member Supervising Excursion</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Station # Phone # Class/Club Semester/Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Authorization to conduct excursion(s) specified below:

<table>
<thead>
<tr>
<th>Printed Name of Vice President, Dean or Designee</th>
<th>Signature of Vice President, Dean or Designee</th>
<th>Date</th>
</tr>
</thead>
</table>

The MiraCosta Community College District (“District”) grants:

The Participant, who is under 18 years of age, whose parent or legal guardian has read the information below and has signed the reverse side of this form, has permission to participate in the excursions specified herein:

In consideration of the permission granted by the District to the Participant to participate in the excursion(s) named above, the undersigned, understand and agree as follows:

Release and Discharge

As a condition of my participation in these excursions, I understand that California Education Code Section 35330(d), provides that “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 a 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.” Participant agrees to release and discharge (agreeing to make no claim and not to sue) the State of California or the District (its Board of Trustees, officials, employees, agents) (“Released Parties”) from all claims of injury or loss which the minor participant for whom parent of legal guardian signs, may suffer, arising in whole or in part from the Participant’s enrollment or participation in the excursions, including but not limited to any injury, accident, illness, or death or any loss or damage to personal property occurring during or by reason of the participation in said excursions.

Rules and Requirements

I will obey and uphold any and all rules and requirements of the excursions; observe the designated schedule and follow the instructions given by District supervisory personnel in all matters pertaining to the excursions. I grant the District, acting by and through the personnel designated to supervise said excursions, the right to terminate my participation in the excursions if it is determined by them that my continued participation is detrimental to or in conflict with the purpose of the excursions, or is not in harmony with the best interests of the other participants and/or supervisory personnel. Violation of any of the stated rules or regulations pertaining to these excursions will result in my immediate removal from said excursions.

Medical Consent

In a medical emergency arising during the course of an excursion, I grant the District acting through its designated supervisory personnel full authority to take any action deemed necessary to protect my health and safety at my expense, including but not limited to placing me under the care of a doctor, hospital, and/or other qualified medical personnel to examine and/or treat.

Accident/Emergency Illness

Student Accident Insurance does not cover field trips outside of the US. Coverage applies while (a) attending regularly scheduled classes at the District, (b) while attending college-sponsored activities, including club activities, or (c) traveling under supervision by an authorized District representative to and from District-sponsored events.

Drug and Alcohol Statement

Use, possession, sale, distribution, or manufacture of, or the attempted sale, distribution, or manufacture of alcohol and drugs, including controlled substances, on District properties or at official sponsored District functions is unlawful or otherwise prohibited by District Board of Trustees Policy VIII.E.
Participant’s Printed Name: _________________________________________________________________________

Excursion #1 Site: __________________________ Location (City/State): ________________________________
Event Date(s): __________________________ Time: ________________________________________________

Excursion #2 Site: __________________________ Location (City/State): ________________________________
Event Date(s): __________________________ Time: ________________________________________________

Excursion #3 Site: __________________________ Location (City/State): ________________________________
Event Date(s): __________________________ Time: ________________________________________________

Excursion #4 Site: __________________________ Location (City/State): ________________________________
Event Date(s): __________________________ Time: ________________________________________________

Excursion #5 Site: __________________________ Location (City/State): ________________________________
Event Date(s): __________________________ Time: ________________________________________________

Excursion #6 Site: __________________________ Location (City/State): ________________________________
Event Date(s): __________________________ Time: ________________________________________________

I have read this liability release and understand and agree to its terms and conditions. I execute it voluntarily and with full knowledge of its contents, ramifications and my responsibilities thereof as evidenced by my having signed below. I am the parent or legal guardian of the Participant, who is under 18 years of age, to whom the above statements apply and for whose benefit I am executing this release/agreement.

Printed Name of Parent/Legal Guardian _________________________________________________________________________
Signature of Parent/Legal Guardian _________________________________________________________________________
Date _________________________________________________________________________