



# FIELD TRIP PARTICIPATION FORM

Name

Email

Address

City

Zip Code

Phone 1 home / cell / work

Phone 2 home / cell / work

Phone 3 home / cell / work

Emergency Contact

Relationship

Phone

## FIELD TRIP EVENT

Event: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

I voluntarily desire to participate on this trip. I release Southern State Community College and its representatives from liability for any accidental death or injury during activities related to the educational nature of this event. I understand that Southern State Community College and its representatives are released from all responsibility for my safety and security should I decide to depart or deviate from the itinerary and activities planned for this trip. I understand that neither the College, nor its agents, are responsible for personal property lost or damaged during the excursion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARENTAL PERMISSION (under 18 years of age participants)

### TRIP PERMISSION

I give permission for my child to participate on this trip. I release Southern State Community College and its representatives from liability for any accidental death or injury during activities related to the educational nature of this event. I understand that Southern State Community College and its representatives are released from all responsibility for my student's safety and security should my student decide to depart or deviate from the itinerary and activities planned for this trip. I understand that neither the College, nor its agents, are responsible for personal property lost or damaged during the excursion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### EMERGENCY MEDICAL TREATMENT

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. (***This waiver applies to minors only in the event that a parent/guardian can not be reached in the case of an emergency.***)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date