

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
FIELD TRIP WAIVER OF CLAIMS ACKNOWLEDGMENT

Name of Student Participant: _____

Student ID Number: _____

Trip Locations: (Name & City, State) CSU San Bernardino

Date(s) of Field Trip November 26, 2024

Purpose of Field Trip: Transfer to University

I, the undersigned, am of the age of majority (18 years or older), or am the parent or legal guardian of the student participant.

I understand that I am, by law, deemed to have waived all claims against the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT or the State of California for injury, accident, illness, or death occurring during or by reason of the college activity in accordance with the requirements of Education Code 35330 (d) and Title V, Division 6, Subchapter 3, Article 2, 55220.

Under penalty of perjury, I the under signed have read, understood, and agree to the above and have signed of my own free will.

STUDENT'S SIGNATURE _____ DATE _____

COMPLETE IF STUDENT IS A MINOR (UNDER 18 YEARS OF AGE):

PARENT'S OR
GUARDIAN'S SIGNATURE _____ DATE _____

PARENT'S OR
GUARDIAN'S PRINTED NAME _____

Contact Phone Number _____

DISTRIBUTION AND USE
(On Reverse Side)