

43-500 Monterey Avenue Palm Desert, CA 92260

WAIVER, RELEASE AND INDEMNITY AGREEMENT

For and in consideration of permission to enroll in and pa	articipate in
Desert Community College, County of Riverside, and Standard Standard Relinquishes any and all actions or causes of action for occurring to him/herself arising as a result of engaging or incidental thereto wherever or however the same may him/herself, his/her heirs, executors, administrators and any action or causes of action, aforesaid, and which may agrees that under no circumstances will he/she or his prosecute, present any claim for personal injury, property College District or any of its officers, agents, or employ shall arise by the negligence of any of said persons or other contents.	hereby voluntarily releases, discharges, waives, and repersonal injury, property damage or wrongful death receiving instruction in the said activity or any activities y occur and continue, and the Undersigned does for assigns hereby release, waive, discharge and relinquish hereafter arise for him/herself and for his/her estate, and /her heir estate executors, administrators and assigns y damage or wrongful death against Desert Community rees for any of said causes of action, whether the same
It is the intention ofParticipant's name	by this instrument to exempt and relieve
Desert Community College District from liability for personal by negligence.	sonal injury, property damage or wrongful death caused
The Undersigned, for him/herself, his/her heirs, executor claim for personal injury, property damage or wrongful College District he/she shall indemnify and save harmless and all claims or causes of action by whomever or where damage or wrongful death.	I death shall be prosecuted against Desert Community s the same Desert Community College District from any
The Undersigned acknowledges that he/she has read the f advised of the potential dangers incidental to engaging in and is fully aware of the legal consequences of signing t he/she is giving up substantial rights, including his/her riparticipation is voluntary, that he/she knowingly assumes freely and voluntarily, and intend by his/her signature to to the extent allowed by law.	the activity he within statement. The Undersigned understands that ight to sue. The Undersigned acknowledges that his/her is all such risks, and that he/she is signing the agreement
Signature of Student/Staff/Faculty	Date
Signature of Parent or Guardian (if applicable)	Date
Witness (Faculty, Staff or Student Life Director)	Date

Desert Community College District 43500 Monterey Avenue Palm Desert, Ca. 92260

Voluntary Excursion/Field Trip Waiver Notice of Medical Authorization – Adult

Destination/Event:		<u> </u>		
Departure Date & Time:				
Return Date & Time:				
As stated in Title 5, Section 55220(h) of the Community College District, its officers, er out of or in connection with my participation. In the event of any illness or injury, I hereb surgical diagnosis or treatment and hospital for my safety and welfare. It is understood participant.	mployees, and agents harmless on in this activity. y consent to whatever x-ray, explicate the content of the c	from all liability and claims arising xamination, anesthetic, dental, or and/or surgeon as deemed necessary		
participant.				
Participant's Printed Name	Signature	Date		
Health Insurance Name	Policy #	Group #		
Health Insurance Address		Health Insurance Phone #		
In the event of injury or illness, please notif	fy:			
Name	Phone #			
Address				
Check here if you have a special medicathis form.	al problem and/or allergies. At	tach a description of the problem to		

DESERT COMMUNITY COLLEGE DISTRICT PALM DESERT, CALIFORNIA 92260

FIELD TRIP/ EXCURSION NOTICE - ADULT

Field Trip/Excursion:	
-	of the California Code of Regulations, by participating in the ave waived any claims against Desert Community College g during or by reason of the field trip/excursion.
	pose a risk to the health and safety of me or others by the District in writing of any medical physical or health ardized by participating in a specific trip excursion.
In the event of injury or illness please notify:	
Name	
Address	
Cell Phone #	Home Phone #
transportation and it is my responsibility to arrange f	ecifically advised otherwise, the District is not providing the For my transportation to and from the activity. If the District sportation, I am responsible to make my own arrangements of any kind.
 the District has not verified the driving recording condition of the vehicle; the District is in no way responsible, nor do may result from my transportation; although the District may assist in coordination. 	g is not driving on behalf or as an agent of the District, and of the driver, the liability insurance on the vehicle, or the es the District assume liability, for any injury or loss which ang the transportation and/or recommend travel time, routes,
carpooling, or caravanning, recommendation	(s) or travel assistance provided is not mandatory.
Printed Name	Signature
Date	