



Class/Organization Field Trip Form

This form is used when a PVCC class or organization takes students on an organized field trip off campus and within Maricopa County. Field trips outside of Maricopa County or have an associated cost will also require that a Travel Authorization is completed. Students attending the field trip are required to sign a General Assumption of Risk.

Type of Field Trip: Class Organization/Club

Class Information:

Instructor: _____ Course Name: _____

Class #: _____ Section: _____ Class Time: _____ to _____

Field Trip Date: _____ Field Trip Times _____ to _____

Field Trip Destination: _____ Emergency Contact Cell #: _____

Field Trip Address: _____

Field Trip Justification _____

Organization/Club Information:

Organization/Club Name: _____ Sponsor: _____

Field Trip Date: _____ Field Trip Times _____ to _____

Field Trip Destination: _____ Emergency Contact Cell #: _____

Field Trip Address: _____

Justification for Field Trip: _____

Expenses: Are there any expenses related to this field trip? Yes No

Total Expenses: \$ _____ FMS Department Name: _____

GLBU	ACCOUNT	OPERATING UNIT	FUND	DEPARTMENT	FUNCTION
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Instructor/Sponsor Signature Date

Div Chair/Dir Student Life Signature Date

Dean Signature Date

Instructions: Complete Class or Organization section and Expense section, attach roster of students attending field trip along with signed General Assumption of Risk form for all students, sign and route for signatures.

Submit this form to the appropriate college Dean at least *one week prior* to the field trip. The instructor/sponsor will receive a copy of the approved form after approved by Dean. Fiscal Services requires an approved copy if there are related expenses.



**Student Behavioral Contract
Rules and Responsibilities**

This trip is funded by the college. As a college-funded activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Maricopa County Community College District for in-state and out-of-state travel. Participants are also required to follow the policies and procedures set forth by the college, district, and the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging and registration) could potentially be provided by the college. Participants are responsible for their own snacks, souvenirs, and personal expenses.

A. Adherence to Policies and Procedures

All participating students will be required to adhere to established policies and procedures. The "honor system" will apply to all aspects of this trip. This means that you regulate your own behavior and discourage others from actions that violate district policies and procedures as well as this contract.

B. Participation in Activities

All attendees are required to participate in each activity listed on the daily agenda. No deviations to the schedule will be made by students without the approval of their advisor(s). Participants are expected to respect the time and effort of others by being on time and actively participating in all scheduled activities.

C. Use of Drugs and/or Alcohol

In the student handbooks of the Maricopa Community Colleges under codes of conduct, the following are examples of behavior that is prohibited by law and/or college rules and policies:

- a. Drinking or possession of alcoholic beverages on the college campus.
- b. Misuse of narcotics or drugs.

D. Behavior

As students as well as members and/or officers of a student organization or athletic team, participants are expected to conduct themselves in a manner which:

- 1) Reflects positively on themselves, the club/organization/team, the college, and the district
- 2) Reflects commitment to integrity in personal, social and academic involvements, and
- 3) Is respectful of others and worthy of respect from others.

E. Dress

Participants are expected to dress appropriately for any and all occasions.

Any student violating this behavioral contract may be sent home and may be required to reimburse the college for the full cost of the trip. In addition, any student violating this behavioral contract will be subject to further discipline as outlined in the Student Code of Conduct. Furthermore, officers and athletes may be removed from the student organization or team.

I have read the above provisions and agree to abide by them for the entire duration of this college sponsored trip.

_____ PVCC _____
Student's Printed Name College Activity or Program

_____ _____
Student Signature Date





MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

For Students

Caution: This is a release of legal rights. Read and understand it before signing.

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: (Specific dangers endemic in this Program's activity.)

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date



MARICOPA
COMMUNITY COLLEGES

MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

Student Emergency Information Form

Name of Activity _____ Date _____

Student's Name* _____

Student ID Number or Social Security Number* _____

Student Home Phone* _____ **Student Cell Phone** _____

Student Email Address _____

Name of Emergency Contact _____

Emergency Contact Phone Number _____ **Business Phone** _____

Emergency Contact Address _____

Family Physician _____ Phone _____

Preferred Hospital _____

Medical Insurance _____ Policy # _____

Date of Last Physical _____

History of Diabetes or Epilepsy? Yes No Are there any medical conditions that you would like us to be aware of?

Allergies to Sulfa, Penicillin, etc.? _____

Permission to Administer Anesthetic? _____

Do you need any special accommodations (wheelchair accessibility, sign language interpreter, vegetarian meals, etc)?

I understand that MCCCCD employees are not authorized to dispense, store or hold in possession student medications (i.e. insulin, epi-pens, inhalers, etc.), including but not limited to all other prescription medication, non-prescription medication, vitamins and supplements. Students are permitted to carry and self-administer medication for asthmatic, diabetic or severe allergic reaction (anaphylaxis). Special storing mechanisms (i.e. coolers) for medications must be provided by the student. I further authorize MCCCCD/_____ (insert college) to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

Parent/Guardian Signature*

Print

Date

Student Signature*

Print

Date

*The original copy of this completed form must be in the possession of the instructor/staff member on the trip
A copy of this this completed form is to be in the possession of the Early College Programs office prior to the trip.*