



# 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.**

\_\_\_\_\_  
Student's Printed Name                      PVCC                      \_\_\_\_\_  
College                      Activity or Program

\_\_\_\_\_  
Student Signature                      Date





**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT**  
2411 West 14<sup>th</sup> Street, Tempe, AZ 85281-6942

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**TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

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*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:

**SPECIFIC HAZARDS OF TRAVEL:** (Specific dangers endemic in this Program's area of travel.)

**INSTITUTIONAL ARRANGEMENTS:** I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

**INDEPENDENT ACTIVITY:** I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

**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.

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. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. 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.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**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.

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Signature of Program Participant

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Date

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

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Date



## 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 <input type="checkbox"/>	No <input type="checkbox"/>	Are there any medical conditions that you would like us to be aware of?
Allergies to Sulfa, Penicillin, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Permission to Administer Anesthetic?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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**