



Oregon Coast Community College
 400 SE College Way
 Newport, Oregon 97366

Field Trip Release Agreement

Activity: _____ **Date:** _____

Instructor: _____

Participant: _____

Participant's Address: _____

Telephone: _____

Emergency Contact: _____

Contact's Relationship: _____ **Contact's Telephone:** _____

Field trip programs and activities involve risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers peculiar to activities normally engaged in include, but are not limited to: hypothermia, broken bones, strains/sprains-bruises, drowning, concussion, heart attack.

Each participant in field trip programs and activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for and travel to and from such activities. Each participant in field trip programs and activities must be covered by an accident insurance policy. It is the participant's responsibility to secure an accident insurance policy.

Each participant in field trip programs and activities must carry proper legal identification.

It is the responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparation, and training.

Therefore, in consideration of the benefits received from field trip programs and activities the undersigned hereby assumes all risks of damages and injuries which may prove fatal, that may be sustained by him/her while participating in field trip programs and activities or in the travel to or from such activities.

The undersigned participant hereby releases Oregon Coast Community College, its faculty, staff, and agents from all liability for personal injury resulting from the failure of the participant or other participants in the activity to obey safety regulations and directions of the instructor or group leader, or resulting from the exercise of judgment by the instructor or group leader in good faith in response to emergencies and exigencies which occur on the trip; provided however, that nothing contained herein shall excuse the instructor or group leader from the responsibility to act with reasonable care for the safety of the undersigned participant during the course of the field trip appropriate to the circumstances.

Does the participant have any physical or mental condition that requires accommodation so that he/she may participate in the above stated activity? If so, please state required accommodation:

 Date Participant Signature Participant's Name Printed

 Date Parent/Guardian Signature (for participants under 18) Parent/Guardian Name Printed