FIELD TRIP SIGN-UP FORM

DEPARTMENT:_____ FACULTY NAME:_____

COURSE NUMBER:_____ COURSE NAME:_____

DATE(S) OF TRIP:_____ MODE OF TRANSPORTATION:_____

LOCATION:_____

NUMBER OF ADULT STUDENTS:_____ NUMBER OF MINOR STUDENTS:_____

ALL PARTICIPATING STUDENTS MUST READ THE FOLLOWING WAIVER AND SIGN BELOW PRIOR TO THE FIELD TRIP. PARENTS OR GUARDIANS OF STUDENTS UNDER THE AGE OF 18 MUST ALSO COMPLETE A "FIELD TRIP FORM AND WAIVER FOR MINOR PARTICIPANT" (PAGE THREE). PLEASE RETURN THIS FORM AND ANY MINOR STUDENT WAIVERS TO: DEPARTMENT OF INSTRUCTIONAL RECORDS, 600 S. MICHIGAN AVENUE.

I hereby certify that I am 18 or older or that I am under 18 and have attached a signed Field Trip Form and Waiver for Minor Student Participant, and by placing my signature below and in consideration for being allowed to participate in this trip, that I hereby release Columbia College Chicago (CCC) and its officers, agents, employees, successors, and assigns from any and all liability, not caused by the negligence of CCC or its representatives, arising out of or in any way related to my participation in the field trip listed above. If I require medical care during this trip, I authorize CCC through its employees or agents to summon or seek emergency medical care with the understanding that I will not hold CCC and its officers, agents, employees, successors, and assigns responsible for the actions of medical personnel and that I assume any and all responsibility for payment of same.

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STUDENT'S NAME OASIS I.D. DATE

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STUDENT'S NAME OASIS I.D. DATE

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STUDENT'S NAME OASIS I.D. DATE

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STUDENT'S NAME OASIS I.D. DATE

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STUDENT'S NAME OASIS I.D. DATE

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STUDENT'S NAME OASIS I.D. DATE

35.
STUDENT'S NAME OASIS I.D. DATE

FIELD TRIP FORM AND WAIVER FOR MINOR STUDENT PARTICIPANT

This Form and Waiver must be completed by the parents or legal guardian of the minor student participant.

I hereby certify that I am the parent or legal guardian of the Columbia College Chicago (CCC) minor student named below and that this minor student has my permission to attend the following field trip:

Date of Trip:_____ Location:_____

Course Number:_____ Course Name:_____

Faculty or Staff Attending Field Trip:_____

In the event of an emergency, I may be reached at:

Home Phone:_____ Work Phone:_____ Cell Phone:_____

If you are unable to reach me, I appoint the following responsible adult to make decisions regarding this CCC minor student and to assume any and all responsibility for such decisions:

Name:_____ Relationship to Student:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

I understand that there will be activities required of the participants of this field trip and that there is some risk involved in all such activities. I hereby accept that risk on behalf of the minor student named below and attest that I know of no reason to limit such activities. If medical care for this minor student is required while on this trip, I authorize CCC through its employees or agents to contact the doctor listed below. If such contact is not possible, I authorize CCC through its employees or agents to take this minor student to the nearest medical facility for the purposes of receiving medical care. I will not hold CCC or its employees or agents responsible for the actions of the medical facility or its employees or agents, and I assume any and all responsibility for payment of any and all medical services provided to the minor student.

Doctor's Name:_____ Phone Number:_____

ON BEHALF OF MYSELF AND THE MINOR STUDENT NAMED BELOW, AND IN CONSIDERATION OF THE MINOR STUDENT BEING ALLOWED TO PARTICIPATE IN THIS FIELD TRIP, I HEREBY RELEASE CCC AND ITS OFFICERS, AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS FROM ANY AND ALL LIABILITY ARISING OUT OF OR IN ANY WAY RELATED TO THIS TRIP.

Name of Minor Student: _____

Name of Parent or Guardian:_____

Signature of Parent of Guardian:_____

Date:_____