San Diego Community College District

Request/Authorization to Conduct Off-Campus Student Activity

❑ City ❑ Mesa ❑ Miramar ❑ College of Continuing Education (Specify Campus): _____

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Class Number: _____
(Formerly CRN)

Type of Activity: (see Board of Trustees Policy, *BP 4300, Field Trips and Excursions*)

- ❑ Field Trip, Excursion, Class Convened Off Campus
- ❑ Optional Visit
- ❑ Associated Student Body Activity
- ❑ Co-curricular Activity - part of previously Board-approved season schedule
- ❑ Co-curricular Activity - **not** a part of previously Board-approved season schedule

- Is the Activity:
  - Outside of California ❑ Yes ❑ No
  - Overnight ❑ Yes ❑ No
- Will an advance of funds be requested as part of this activity? ❑ Yes ❑ No

(If the answer to any statement above is yes, and the activity has not been previously Board-approved, the Dean responsible for travel will prepare a Board agenda item requesting advanced Board approval.)

Time and date of activity: _____

Location where activity is to be conducted: _____

Brief description of the activity/purpose: _____

_____

Transportation*: (Select One)

- ❑ Will be the responsibility of each individual
- ❑ Will be provided by the District

*See restrictions in Board of Trustee Policy, *BP 4300*, *Field Trips and Excursions*

I have read Board of Trustees Policy, *BP 4300*, *Field Trips and Excursions*, and certify that to the best of my belief the activity for which authorization is requested is in consonance therewith.

Signature of Requester: _____ Date of Request: _____

OFFICIAL USE ONLY

❑ Approved
❑ Not approved (see remarks below)

Remarks:

_____

_____

_____

Signature of Dean: _____ Date: _____

Distribution: Submit original to the dean responsible for travel

SS–RQOFCACT3120.2 08/202

San Diego Community College District

Minor (Under 18) Student Travel Permission/Release/Waiver

❑ City ❑ Mesa ❑ Miramar ❑ College of Continuing Education (Specify Campus): _____

Student Name: _____ Student ID: _____
(PRINT) Last First MI

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Travel to: _____
Enter Destination or Attach Travel Schedule

Departing: _____ on: _____ via: _____
Location Date District/Self

Returning to: _____ on: _____ via: _____
Location Date District/Self

WAIVER: I understand and agree that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California and the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of the field trip or excursion. Further, I understand that of my own volition and insistence, I give permission for my child/ward to depart from the scheduled activities or use transportation other than that provided by the District. It is fully understood that the District is in no way responsible, nor assumes liability, for any injuries or losses resulting from my child's/ward's departure from the scheduled activities and/or transportation.

I, _____, declare that I am the parent/guardian of the student identified in this form. I have read and understand the above waiver and conditions of the scheduled trip. Further, I agree to hold harmless, defend and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with, my child's/ward's participation in this field trip.

❑ **I hereby give permission for my child/ward to participate in the trip as scheduled.**

Parent/Guardian Name: _____
(PRINT)

Parent/Guardian Signature: _____ Date: _____

NOTE: Submit completed authorization to instructor/advisor responsible for travel

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Emergency Contact Information

Contact Name: _____ Relationship: _____
(PRINT)

Primary Telephone: _____ Secondary Telephone: _____

Instructor: Attach original to approved *Request/Authorization to Conduct Off-Campus Student Activity* form

Distribution: Returned signed release to instructor/advisor responsible for travel

San Diego Community College District

Student Travel Permission/Release/Waiver

INSTRUCTOR/ADVISOR MUST:

1. **Ensure that students read the paragraph below**
2. **Duplicate this form if additional lines are needed**
3. **Attach form to approved *Authorization to Conduct Off-Campus Activity* form and submit to Dean responsible for this travel**
4. **Minor Students must complete *Minor Student (under 18) Travel Permission/Release/Waiver* form**

❑ City ❑ Mesa ❑ Miramar ❑ College of Continuing Education (Specify Campus): _____

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Travel to: _____
Enter Destination or Attach Travel Schedule

Departing: _____ on: _____ via: _____
Location Date District/Self

Returning to: _____ on: _____ via: _____
Location Date District/Self

RELEASE/WAIVER: By my signature below, I understand and agree that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California and the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of the field trip or excursion. Further, I agree to hold harmless, defend and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with, my participation in the field trip or excursion.

STUDENT ROSTER

Student Name (PRINT)	Signature	Under 18 Yes/No	Transportation Self/District

Signature of Dean: _____ Date: _____

Student Name (PRINT)	Signature	Under 18 Yes/No	Transportation Self/District

San Diego Community College District

Student Travel Medical Consent Form

In the event of any medical emergency, I grant San Diego Community College District, including City, Mesa and Miramar College, and College of Continuing Education, or any of its representatives the full authority (**at my expense**) to take any action deemed necessary to protect my health and safety. This includes, but is not limited to, placing me under the care of a doctor, in a hospital, or returning me to my home city if deemed necessary after consultation with medical authorities.

Name of Participant: _____ Student ID Number: _____
(PRINT)

Please check **one** of the following statements:

- ❑ I am 18-years-of-age or older. My date of birth is: _____
- ❑ I am the parent or legal guardian of the participant who is under 18 years of age to whom the above statement applies and for whose benefit I am executing this medical consent.

In case of emergency, please contact: _____
(Name/Relationship)

E-mail: _____ Telephone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Please list any prescription medication that you must take while at the off-campus activity:

_____

Has your physician approved your ability to travel under this prescribed medication?

- ❑ Yes
- ❑ No

I have read this consent and I understand its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant or Parent/Legal Guardian: _____

Name of Signatory: _____ Date: _____
(PRINT)

E-mail: _____ Telephone: _____

Submit completed consent to the instructor/advisor responsible for travel

Instructor: a copy shall be maintained by the advisor during travel

Distribution: Signed consent returned to instructor/advisor responsible for travel

San Diego Community College District

Conference/Travel
Student Contract of Understanding

Name: _____ Student ID Number: _____
(PRINT) Last First MI

E-mail: _____ Telephone: _____

Activity: _____ Date of Activity: _____ Location of Activity: _____

I understand that I am attending the above entitled activity as a representative of the college and that my expenses are being paid out of San Diego Community College District funds. I acknowledge that I am expected to conduct myself in a responsible manner and agree to the following:

- **COMPLIANCE WITH POLICIES AND LAWS:** Adhere to all applicable Board of Trustees Policies and Procedures, particularly the Board of Trustees Policy, *BP 5500, Student Rights, Responsibilities, Campus Safety and Administrative Due Process, Section 3. Student Code of Conduct*, as well as federal, state and local laws. Failure to conduct myself in a manner consistent with said policies may result in being subject to disciplinary action.
    - Students found in violation of the Student Code of Conduct while traveling as a representative of the college which results in a disciplinary sanction, will be precluded from future travel.
- **ALCOHOL AND DRUG CONSUMPTION:** Consumption of an illegal substance of any kind, or the use of alcohol during the activity or en route to and from the activity is not permitted and will result in disciplinary action as provided for in Board of Trustees Policy, *BP 5500, Student Rights, Responsibilities, Campus Safety and Administrative Due Process,* and Administrative Procedure, *AP 5520, Student Disciplinary Procedures*.
- **INAPPROPRIATE BEHAVIOR:** Inappropriate behavior will not be tolerated, nor any behavior that will endanger the signatory or others. Any student who causes damages to a facility while on official travel is liable for replacement costs.
- **COMPLETION OF TITLE IX TRAINING:** Available at https://sdccd.instructure.com/enroll/4K43RJ. Please print and attach verification of your completion of the training.
- **PARTICIPATION:** Each participant is expected to actively participate in all required events and activities.
- **SUPERVISION OF STUDENT:** For the duration of the event, each participant is expected to keep the advisor/designee aware of their activities and whereabouts at all times, and to abide by the advisor's directions.

I understand that if I do not abide by this contract to attend this activity, and I do not provide proof of emergency or extenuating circumstance, I will be responsible for reimbursing the San Diego Community College District for the full cost of my participation (i.e., lodging, meals, etc.). Further, I understand that I may be ineligible to participate in any future sponsored events, and that my club/organization may also be penalized.

I understand that violation of this agreement may result in the following:

- Immediate return to my home at my own expense
- Disciplinary action by the college
- A hold placed on my student record

WAIVER: I acknowledge that I am attending the above-mentioned activity as an extra-curricular activity on a voluntary basis. I understand and agree that I shall **voluntarily release, discharge, waive, relinquish, and covenant not to sue** the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all liability, claims, causes of action, and demands related to or arising out of, or in connection with, my participation in this activity, including injuries, accident, illness, property damage, and death.

INDEMNIFICATION AND HOLD HARMLESS: I further agree to hold harmless, defend, and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, related to or arising out of, or in connection with, my participation in this activity.

Student Signature: _____ Date: _____

Distribution: Student Affairs; Department Dean

SS – CNFRNCTRVLCNTRCT 10/2022

San Diego Community College District

Incident Report Form

Board of Trustees Policy 5500

Student Rights, Responsibilities, Campus Safety and Administrative Due Process

Violations can also be reported online at https://bit.ly/3BvRh1A

Please PRINT

Today's Date: _____ **Campus/Location:** _____

Student Name: _____ **Student ID Number:** _____

Date/Time of Incident: _____

Witnesses: _____

Description of Incident: (State Facts Only) _____

_____

_____

_____

_____

_____

_____

_____

Police Contacted? ❑ Yes ❑ No If yes, please indicate reporting officer's name: _____

What Action was Taken: _____

_____

_____

_____

_____

_____

_____

_____

Reporting Individual Name/Title: _____
(PRINT)

Signature:_____ Telephone: _____

Date:_____ E-mail: _____

Note. **Send completed *Incident Report Form* to the Dean of Student Affairs/Disciplinary Officer**