



Student Participation Agreement

All Los Angeles City College students are expected to abide by the student code of conduct. Students shall respect and obey civil and criminal, and shall be subject to legal penalties for violation of laws of the City, County, State and Nation. Student conduct in all of the Los Angeles Community Colleges must conform to District and College rules and regulation. Violations of such rules and regulation are subject to disciplinary action. The following extends the responsibilities for the LACC students participating in co-curricular programs.

As a representative of Los Angeles City College, you are expected to:
Conduct yourself in a manner that shows respect to yourself, your peers, and your program administrators. *initial:* _____

Respect and abide by all local and federal laws as well as the rules for behavior set by the Los Angeles City College. *initial:* _____

Take responsibility for your own actions and their consequences. "But I did not know" is not an excuse for any kind of unacceptable behavior. *initial:* _____

Refrain from use of illegal drugs and consumption of alcohol or abuse of prescription drugs. Illegal behavior will be dealt with by the LACC judicial process. In addition, should you encounter trouble with local law enforcement due to your activities, Los Angeles City College assumes no legal responsibility for any unlawful actions.
initial: _____

Refrain from harassment or harassing behavior. This includes, but is not limited to, sexual harassment, racism, religious intolerance, or the like. Such behavior will be subject to disciplinary action. *initial:* _____

Name: _____ Student ID #: _____
(Signature)

Name _____
(Print)

Cell number: _____

Email address: _____

Los Angeles Community College District

EXCURSION/FIELD TRIP FORM

All participants complete Sections A and B:

- A. WAIVER
- B. MEDICAL AUTHORIZATION

Also complete Section(s) C and/or D and/or E, if applicable:

- C. NON-MEMBER OF CLASS OR CLUB
- D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION
- E. MINOR

A. WAIVER

Activity: _____

Campus/Class/Group: _____

Supervising Academic Employee: _____

Departure Date & Time: _____ Return Date & Time: _____

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand and agree that I shall hold the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this activity, including injuries, accident, illness or death.

If my participation in this activity results in any liability, claims, causes of action, or demands against the Los Angeles Community College District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles, I agree to defend and indemnify the District, its Board of Trustees, officers, agents, representatives, employees, and permissive users of District vehicles in such an action.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my being sent home at my own expense.

My signature on this document acknowledges that I have read and understand the above provisions and agree to abide by these terms.

_____	_____	_____
Participant's Printed Name	Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant	Date

_____	_____
Address	Phone #

B. MEDICAL AUTHORIZATION: In the event of any illness or injury while participating in the activity listed in Section A, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

Participant's Printed Name	Signature of Adult Participant or of Parent/Guardian on behalf of Minor Participant	Date
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Participant's Medical Insurance Carrier	Policy #
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Medical Insurance Carrier Address	Medical Insurance Carrier Phone
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In the event of illness, accident, or other emergencies, please notify:

Name	Address	Phone #
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Medical Condition: Check here if you have a special medical condition and attach a description of that condition to this sheet.

C. NON-CLUB MEMBER

I request that I may participate in the activity listed in Section A.

As a condition for being allowed to participate in the above-referenced activity as a non-club member, I agree to abide by the provisions of Sections A and B, and, if applicable, Section(s) D and/or E.

My signatures on this document acknowledge that I have read and understand all applicable provisions and agree to abide by these terms.

Participant's Printed Name	Signature	Date
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D. A PARTICIPANT PROVIDING HIS/HER OWN TRANSPORTATION

I understand (college name: _____) may be providing transportation to and from the above-referenced activity. However, I do not wish to use this transportation.

I will provide my own transportation at my own expense to attend the activity listed in Section A and agree to abide by the following terms:

It is fully understood that the Los Angeles Community College District, its Board of Trustees, officers, employees, agents, representatives or volunteers is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the non-District transportation. I understand that although the District may recommend travel time and/or routes to and/or from this event, that such recommendations are not mandatory and do not in any way constitute District sponsorship of or responsibility for my transportation.

I also understand that the driver is not driving as an agent of or on behalf of the District.

My signature below acknowledges that I have carefully read these provisions and I fully understand and willingly agree to abide by these terms.

Participant's Printed Name	Signature	Date
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E. MINOR (For students/non-club members under 18 years of age, the parent or guardian completes this section in addition to Sections A and B; and C and D, where applicable.)

_____ has my permission to participate in the activity listed in Section A.

Participating Minor's Printed Name

Check here if there are no medical conditions that the staff should be aware of and if your son/daughter is not required to use any drugs during this activity.

AND/OR

Drugs: Check here if your son/daughter must take any drugs during the excursion/field trip and list them on this form or hereto attached. All drugs, except those which must be kept on the minor's person for emergency use, must be kept and distributed by District/College staff.

Name of drug and reason for use

I have read, understand and agree to all provisions of Section A: Waiver; Section B: Medical Authorization; Section E: Minor; and Sections C and D, as appropriate; as related to my son/daughter's participation in this activity.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Address

Phone #

Son's/Daughter's Date of Birth

After you have provided the information requested in this section and Sections A and B, please ask your son/daughter to return this form to the Supervising Academic Employee listed in Section A.

Signature of College Administrator Approving Completed Form

Date

Effective: April 21, 2003