



Submit one week in advanced of departure date.

IMPERIAL VALLEY COLLEGE
REQUEST FOR APPROVAL OF FIELD TRIP

Instructor _____ Date _____

Point of Destination _____

Table with 4 columns: Course Subject (i.e. GEOL 100), CRN#, Day (s), Meeting Time (s). Rows 1 and 2.

Description of proposed field trip (in connection with which class or organization?) Attach descriptive brochure or agenda if available.

Inclusive dates: From _____ To _____

Estimated time of departure from IVC _____ a.m. p.m. Time of arrival at destination _____ a.m. p.m.

Estimated time of departure from destination _____ a.m. p.m. Time of arrival at IVC _____ a.m. p.m.

Method of transportation: [] College [] Other _____

If other, give make, model, year of car and registered owner.

Faculty Sponsor(s) _____

Students involved: (attach Field Trip Release and Waiver)

Should faculty be notified of students' absences? Yes [] No []

Arrangement for substitute instructor(s) if classes are missed: (attach Absence of Certificated Employee form)

Estimated expenditures and source of funds: (attach itemized list if necessary)

Can be reached in case of emergency at: _____

*****Office Use Only*****

Recommendation and Authorization:

Recommended Approval [] Approval []

No Recommendation [] Disapproved []

Division Dean _____

Date _____

Vice President of Academic Services _____

Date _____

IMPERIAL VALLEY COLLEGE
Imperial Community College District

**Field Trip Release and Waiver
With Medical Release**

My Signature acknowledges I am a student at Imperial Valley College. I am participating in this activity on a voluntary basis and further acknowledge that such participation exposes me to risks inherent in a field trip.

In consideration for Imperial Valley College's making such opportunities available to me, I, for myself, my heirs personal representatives and assigns, do hereby release, discharge and covenant not to sue Imperial Valley College, its trustees, officers, employees, agents, successors, and assigns from any and all claims and liability arising out of ordinary carelessness or negligence of the releases causing me injury, death or damage which occurs during or relates to my travel to and from or participation in the following:

	<i>Course Subject (i.e. GEOL 100)</i>	<i>CRN#</i>	<i>Day (s)</i>	<i>Meeting Time (s)</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Destination: _____

Date/Time: _____

Faculty Sponsor: _____
Print **Signature**

Medical Release:

By signing this document, I also authorize the Faculty Sponsor and consent to his/her decision for any treatment which may be required if I experienced a medical emergency. This consent includes but is not limited to examination including x-ray, treatment and diagnosis whether medical or dental which my Faculty Sponsor deems necessary for my safety and protection.

I VOLUNTARILY ELECT TO ACCEPT ALL RISKS ASSOCIATED WITH FIELD TRIP. I SIGN THIS DOCUMENT VOLUNTARILY AND AGREE TO ACCEPT ALL OF THE PROVISIONS IN THIS DOCUMENT.

Executed this _____ day of _____, 20____ at Imperial, California.

1. **Print Name:** _____ **Signature** _____
2. **Print Name:** _____ **Signature** _____
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