

GAVILAN JOINT COMMUNITY COLLEGE DISTRICT

**MEDICAL TREATMENT AUTHORIZATION
FIELD TRIP/EXCURSION AUTHORIZATION AND RELEASE AGREEMENT
(ADULT)
(California Education Code Section 35330)**

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

I hereby hold the Gavilan Joint Community College District, its agents, officers and employees harmless from, and waive, release and discharge any claim or cause of action I have, or in the future may have, for injury, accident, illness or death occurring during or by reason of this field trip/excursion, including but not limited to the administration of or the non-administration of said medical treatment, first aid and/or information provided above. This release is intended to discharge in advance the Gavilan Community College District, its agents, officers and employees from any and all liability for injury, accident, illness, or death arising out of or connected in any way with the field trip/excursion and/or the administration of or non-administration of medical treatment, first aid and/or medication to the below named participant by herself/himself or others, even though that liability may arise out of negligence or carelessness on the part of the persons or the College mentioned above.

I HAVE CAREFULLY READ THIS AUTHORIZATION AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND VOLUNTARILY CONSENT TO ITS TERMS AND CONDITIONS.

Signature of Participant: _____ Date: _____
(or parent if minor:)

Address: _____ Phone: _____

If you have any health insurance, please list:

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

In the event of illness or accident, please notify:

Name: _____ Phone: _____

Address: _____