



FIELD TRIP/OUT-OF-CLASSROOM PARTICIPATION CONSENT

The _____ class will take place at
(Course Title)

Field Trip/Out-of-Classroom Activity Location)

on _____. This activity will provide students the opportunity
(Date)
to enhance their learning experience by participating in this field trip/out-of-classroom
experience.

Students are to report to _____ at
(Location)

: _____ a.m./p.m. on _____
(Date)

Students are responsible for their own transportation unless provided by the College.

By signing this release, I acknowledge that I am voluntarily undertaking this activity in full consideration of the educational opportunity provided. I agree to assume responsibility for my participation in this activity and voluntarily waive, release and hold harmless Lewis & Clark Community College, its elected officials, officers, employees and agents from any and all claims, causes of action and damages for bodily injury that I may suffer as a result of or in any manner connected with, directly or indirectly, my participation in this activity.

Date

Student's Signature

College Representative (Faculty Member)