ADULT FIELD TRIP WAIVER

NOTICE AND MEDICAL AUTHORIZATION
(To be completed by Staff and Volunteers Attending Field Trip)

Field Trip _____

Sponsoring Group _____

Staff Member in Charge _____

Volunteer/Staff Member Name (Print) _____

Volunteer/Staff Member Email : _____Phone: _____

As stated in California Education Code Section 35330, I understand that I hold the Tamalpais Union High School District, its officers, employees, and agents harmless from all liability and claims arising out of or in connection with my participation in this activity.

In the event of any 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 and/or surgeon as deemed necessary for my safety and welfare. I understand that the resulting expenses will be my responsibility.

Medical Insurance Carrier _____

Policy Number _____

In the event of illness or accident, please notify:

Name _____ Phone _____

Signature of Participant _____ Date _____