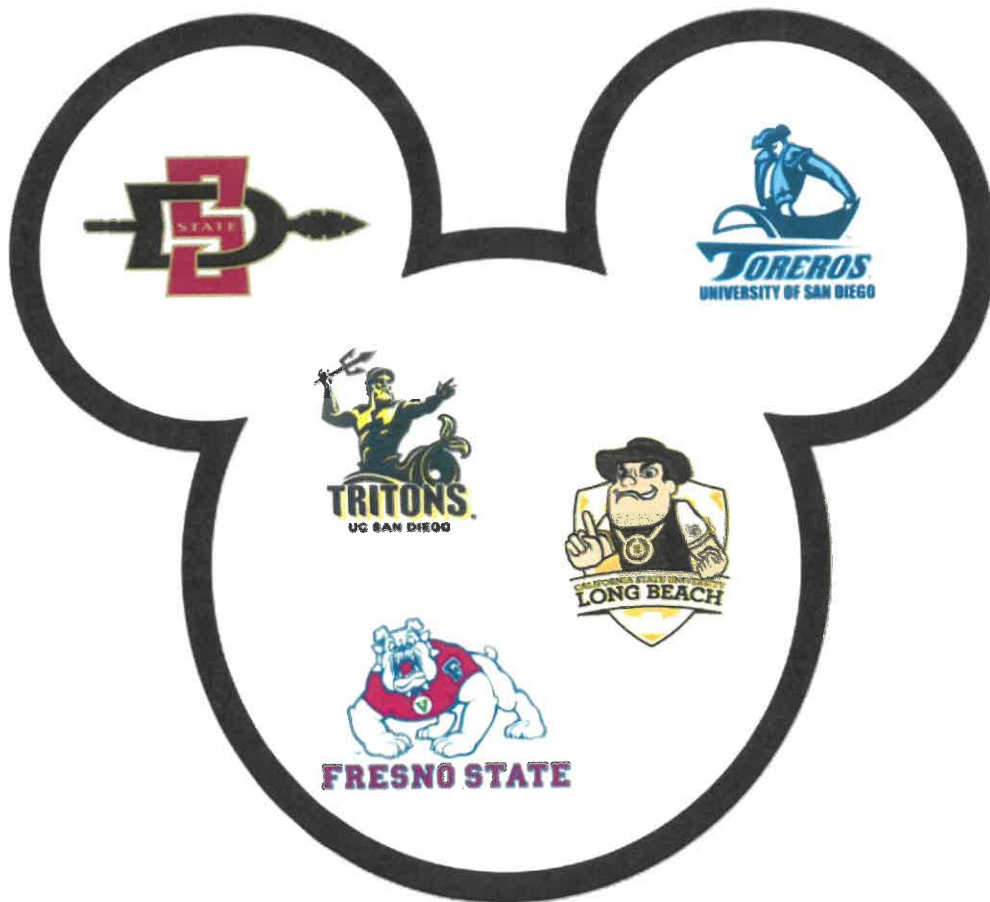


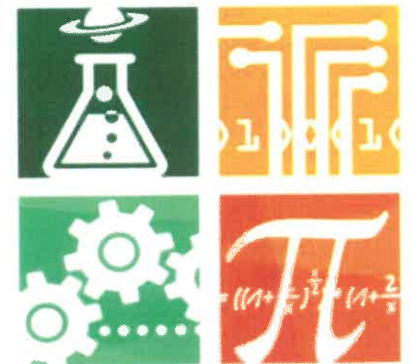
# SPRING BREAK S.T.E.M. STYLE



Visit 8  
College Campuses

&  
participate in

Disneyland  
STEM Workshop



## APRIL 13TH - 16TH

Join ETS as we travel to Southern California to explore careers in STEM, understand the properties of motion at Disneyland California Adventure, and visit college campuses across the region! Limited space is available. GPA, field trip application, and program participation will be taken into consideration.

## APPLICATION DUE MARCH 27TH



**YUBA COMMUNITY COLLEGE DISTRICT**

2088 North Beale Road, Marysville, CA 95901

Woodland, Yuba, Clearlake, Colusa & Sutter County, Beale AFB

**Voluntary Activities  
Waiver of Liability, Assumption of Risk &  
Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in

Event name: STEM Spring Break Campus Tours Date: 4/13/20-4/16/20

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Yuba Community College District, its officers, employees, and agents from liability **from any and all claims including the negligence of the Yuba Community College District, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in the Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Yuba Community College District HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Photographic Release:** I do hereby grant and convey unto the Yuba Community College District all right, title and interest in any and all photographic images and video or audio recordings made by the Yuba Community College District during my participation in The Activity, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age (if Minor)

\_\_\_\_\_  
Signature of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Print Name of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Date

# YUBA COMMUNITY COLLEGE DISTRICT

## FIELD TRIP/EXCURSION WAIVER STATEMENT AND MEDICAL AUTHORIZATION—MINOR

\_\_\_\_\_ has my permission to participate in the voluntary activity specified below,  
Name (Print) and, as such, is not required by the District.

Field Trip/Excursion (Including Destination): STEM Spring Break Campus Tours

Departure Date & Time: CCC: 4/13 7:00 AM WCC: 8:00 AM Return Date & Time: CCC: 3/16 9:00 PM WCC: 8:00 PM

Pursuant to the California Code of Regulations, Subchapter 5, Section 55220, I understand that I hold the Yuba Community College District, its officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the parent or guardian.

Medical Insurance Carrier	Policy No.	Address
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A special note to Parent/Guardian: (1) All medications must be registered on his form; (2) All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; (3)  Check here if there are no special problems that the staff should be aware of and no medication is required on the trip; (4) If any medication is to be taken by student, list them below.  
(Name of drug and reason) \_\_\_\_\_

If your child has a special medical condition, please attach a description of the problem to this sheet.

I fully understand that participants must abide by the Student Code of Conduct or Community Education Guidelines, whichever applies. Any violation of the rules and regulations specified in these documents may result in that individual being sent home at the expense of his/her parent/guardian.

I understand and acknowledge that if the District is not providing the transportation that it is my responsibility to arrange for my child's transportation to and from the activity.

If the District is not providing transportation I further understand:

- The driver of the vehicle in which the student is riding, either as driver or passenger, is not driving on behalf of or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance of the vehicle, or the condition of the vehicle.
- The District is in no way responsible, nor does the District assume liability, for any injury or loss that may result from the student's transportation.

Parent Name (Print)	Phone
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Parent Signature	Date
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Student Signature	Date
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12/17/2007



# EDUCATIONAL TALENT SEARCH

## PERMISSION FORM / EMERGENCY CONTACT INFORMATION



**Name of Activity:** STEM Spring Break Campus Tours  
**Destination(s):** 8 College Campuses & Youth Education Series at Disneyland California Adventure  
**Date(s):** Monday, April 13, 2020 – Thursday, April 16, 2020  
**Method of Travel:** Charter Bus  
**Logging:** Multiple Hotels

Student Name	Student Cell Phone Number	Student Email
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School	Gender	Grade Level	Total GPA	T-Shirt Size (Adult)
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Parent/Guardian Name	Parent/Guardian Phone Number	Parent/Guardian Email
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Allergies (bee stings, food, medication) or Health Issues

**Does student have any dietary restrictions (vegetarian, etc.)?** \_\_\_\_\_

*\*If the student has a special diet please anticipate providing enough food for all meals\**

**The student must provide and self-administer any medication they may be taking.**

### Pick up/Drop off Preference

SELECT the appropriate Pick-up/Drop-off location. For the students' safety, we have to pick up/drop-off in the SAME location. *Please **DO NOT** switch locations without speaking to ETS Staff member. This can result in the student not being able to attend event.*

**WCC Colusa County Campus**  
 99 Ella Street, Williams, CA 95987

**Pick-Up:** 4/13 7:00 AM

**Drop-Off:** 4/16 9:00 PM

**OR**

**Woodland Community College**  
 2300 E. Gibson Road, Woodland, CA 95776

**Pick-Up:** 4/13 8:00 AM

**Drop-Off:** 4/16 8:00 PM



# EDUCATIONAL TALENT SEARCH



## BEHAVIOR CONTRACT

### **Behavior Contract**

Educational Talent Search (ETS) trips are not an automatic benefit of participating in the program; in fact, they are an earned privilege. Any time that ETS students are together, they are representatives of ETS, Woodland Community College, their families, schools, and themselves.

I understand and agree to the following rules of conduct, which are in force from the time I arrive at the pick-up location until the time I return to the drop off location:

- Zero tolerance for alcohol, tobacco, and drug policy will be strictly enforced!
- I will wear the appropriate clothing and comfortable walking shoes (be prepared for warm and cold weather).
- I will follow the schedule and be where I am supposed to be at the appointed times.
- I will not steal, borrow (without permission), deface, damage, or destroy public or private property.
- On guided tours, lectures, presentations, or wherever a person is speaking to me in an official capacity, I will:
  - Silence my cell phone and not call/text
  - Not bring any form of music or games
  - Be respectful, attentive and courteous.
- On overnight trips, I will not switch from my assigned hotel room, nor will I enter the room of anyone of the opposite sex, without a staff member being present.
- I will not do anything that will bring discredit to Educational Talent Search or my fellow participants.

**If any part of this contract is broken, my parent/guardian will be called to come pick me up immediately, regardless of our location, and I will be dismissed from the program.**

\_\_\_\_\_  
*Student Name (printed)*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Name (printed)*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



# Pierce Joint Unified School District

## FIELD TRIP PERMISSION SLIP

\*Date of Activity: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Student: \_\_\_\_\_ has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangement, please sign at the bottom and return the form to the trip supervisor or coach.

Nature of Activity: \_\_\_\_\_ \*Place: \_\_\_\_\_

Materials Required: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Place: \_\_\_\_\_ Return Time: \_\_\_\_\_

### PARENT PERMISSION AND EMERGENCY MEDICAL RELEASE

Transportation: I understand that students must use the means of transportation checked below both to and from the event, unless written permission by parent/guardian is presented to school officials prior to departure. I further understand that every reasonable caution will be maintained on the trip.

District-owned Bus     District-owned vehicle     Private Vehicle     Walking

Other: \_\_\_\_\_

Trip Supervisor: \_\_\_\_\_

I am aware of my child's grades and allow him/her to attend this field trip. I understand that all students going on this trip will be responsible in conduct to the bus driver and to teachers or adult supervisors. It is further understood that should my child misbehave, I may be required to come and pick him/her up.

I am aware that California Education Code 35330 provides in part that: All persons making the field trip or excursion shall be deemed to have waived all claims against the district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. I further agree in the case of medical emergency, illness, or injury that the supervisor has my express permission to take the above-named student to a doctor or medical facility to receive emergency treatment.

\_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Emergency/Work Phone: \_\_\_\_\_

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: \_\_\_\_\_

Period	Subject	Grade to Date	Teacher Signature
1			
2			
3			
4			
5			
6			
7			

I understand I must complete any missed assignments and if I do not, I may be excused from future activities.

Student Signature: \_\_\_\_\_

**This form will be kept by the supervisor at all times during the activity.**

**\* For schedule of events (if more than one event) see attached sheet.**

## Pierce High School Code of Conduct for Instructionally Related Activities (IRAs)

School-sponsored instructionally related activities are planned with an educational objective and designed to enhance the classroom education of students. In order that everyone receives maximum benefit from their participation in the IRA, students who wish to exercise the privilege of participation in IRAs serve as ambassadors of the school and must conduct themselves in accordance with the standards for behavior listed below at all times.

1. Respect public and private property at all times.
2. Obey all of the rules and policies outlined in the student handbook
3. Conduct oneself in a courteous and respectful manner at all times.
4. Do not engage in behavior that includes fighting, bullying, vandalism, lewd behavior (including sexual activity), possession of a weapon, threatening, stealing or accompanying others who are engaging in these behaviors.
5. Remain in the presence of adult supervisor at all times, unless explicit consent has been given by a supervisor.
6. Follow directions and instructions of chaperones without fail.
7. Refrain from bringing, purchasing, consuming, or being in the presence of drugs, alcohol, or tobacco. Understand that choosing to bring, consume, or being in the presence of others who are consuming will lead to suspension and/or expulsion, as well as immediate termination of the field trip privilege. Consequences will be applied regardless of whether the student brought or consumed alcohol, tobacco, or drugs, or has associated with or is in the presence of others who are consuming drugs, alcohol, or tobacco.
8. Consent to a baggage check by appropriate school supervisor prior to leaving for the IRA, and upon return.
9. For overnight IRAs:
  - a. Abide by the curfew established by the adult supervisors.
  - b. Spend each night in the assigned room.
  - c. No student may leave his/her assigned room for any reason after the curfew without a chaperone's permission and presence. The only exception to this rule is when all hotel guests are to respond immediately to a fire alarm or other emergency situation.
  - d. No student shall be alone in another student's room when the other student is of the opposite gender, unless a chaperone is present.
  - e. Allow the search of the room and personal belongings at any time as deemed necessary by the appropriate school supervisors.
10. All students are expected to attend school for the entire school day. Students are expected to attend all classes prior to the departure for the IRA, and if an IRA finishes before the end of the school day, students are expected to immediately return to their remaining classes until the conclusion of the school day.

Any violation of the Code of Conduct for Instructionally Related Activities will result in appropriate disciplinary action by adult supervisors, including, but not limited to, possible dismissal from the trip.

**I have read Code of Conduct for Instructionally Related Activities and agree to abide by all of the regulations therein.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**I have read Code of Conduct for Instructionally Related Activities and understand that if my child should break the code of conduct in a way that requires his/her dismissal from the instructionally related activity, he/she will be returned home at my expense. I understand that the team of adults leading the trip has the final decision in enforcing these standards.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PARENTAL SIGNATURES REQUIRED ON THE FRONT AND THE BACK!**