

**Woodland Community  
College Upward  
Bound & Talent Search**



# **UC BERKELEY & STANFORD TOURS**

**APRIL 2 - 4, 2024**

**Pick up on 4/2:**

**CCC: 6:20AM**

**WCC: 7:20 AM**

**Drop off on 4/4:**

**CCC: 1:10 PM**

**WCC: 12:00 PM**

**PERMISSION SLIPS DUE 3/8/2024 TO  
UB/ETS SPECIALIST OR YOUR COUNSELOR  
BY END OF SCHOOL DAY**

Priority given to 10th & 11th grade students who are in good standing (attendance, GPA, etc) with their program. Students who have not yet attended a trip will also be given priority.

Educational Talent Search & Upward Bound

# UC BERKELEY & STANFORD TOURS

**UC Berkeley, Stanford, Pier 39, Santa Cruz Boardwalk, Alcatraz Island**

- ★ If you are interested in attending, please return the permission slip to the ETS/UB office or your school counselor by **March 8, 2024 by the end of the school day.** **NO EXCEPTIONS! SPOTS ARE LIMITED, SO APPLY EARLY!**
- ★ Your parent/guardian will need to help you arrange transportation to and from the pick-up and drop-off locations:  
**Woodland Community College (WCC): 2300 E. Gibson Street, Woodland CA 95776 OR AT (CCC) Colusa County Campus; 99 Ella Street, Williams CA 95987**
- ★ A message will be sent to you to inform you whether or not you have been selected to attend the college visit. Due to limited space, unfortunately, we are not able to accept all students that submit permission slips.

Please discuss the college visit with your parent/guardian and return the enclosed permission slip by:

**March 8, 2024**

Questions?

<b>Woodland Community College</b> <b>2300 E. Gibson Road</b> <b>Woodland, CA 95776</b> <b>Room 850</b> <b>(530) 668-2590</b>	<b>Colusa County Campus</b> <b>99 Ella Street</b> <b>Williams, CA 95987</b> <b>(530) 668-2506</b>
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# Upward Bound Spring Field Trip Permission Slip



Name of Activity: UC Berkeley & Stanford  
Campus Tours

Destination(s): Bay Area

Date(s): 4/2/24-4/4/24

Pick up: CCC @ 6:20 am

Method of Travel: Bus

Drop off: CCC @ 1:10 pm

**DUE MONDAY 3/8 NO EXCEPTIONS!!!**

Student Name: \_\_\_\_\_ School \_\_\_\_\_

- Yes, please save me a seat. I will be attending the UC Berkeley & Stanford Campus Tours.
- No, I will not be able to participate in this field trip.

Reason:

\_\_\_\_\_

**If there are any new/changes to the student medical history, contact UB Specialist to update information.  
The student must provide and self-administer any medication they may be taking.**

## Behavior Contract

Upward Bound (UB) trips are not an automatic benefit of participating in the program; in fact, they are an earned privilege. Any time that UB students are together, they are representatives of UB, 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 Upward Bound 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*

# 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): \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

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

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

Parent Signature

Date

Student Signature

Date

12/17/2007



**YUBA COMMUNITY COLLEGE DISTRICT**

2088 North Beale Road, Marysville, CA 95901

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

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

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

Event name: _____	Date: _____
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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 of 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)
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Signature of Parent/Guardian of Participant if Minor	Print Name of Parent/Guardian of Participant if Minor	Date
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