

RIVERSIDE COMMUNITY COLLEGE DISTRICT: NORCO COLLEGE

FIELD TRIP REQUEST

Club	Organization	Program	CLASS/INSTRUCTION	
Club/Organization/Class/Program Name:				
DATE OF REQUEST:		Date of Fie	LD TRIP:	_
DESTINAT	ION:			_
ADDRESS:				_
	DESCRIPTIO	n/Itinerary for Tr	IP:	
				_
				_
TIME OF I	Departure from Coli	LEGE:		_
ESTIMATE	d Return Time:			_
Number	of Students (Please A	ATTACH ROSTER) :		-
METHOD	of Transportation:			
	C FUNDS REQUESTED FR			
Line Item:_	BUD	GET APPROVAL:		
APPROVED):			_
	Coordinator:	Student Activit	TIES OTHER	
Approved):			_

INSTRUCTION

DEAN: Student Life



RIVERSIDE COMMUNITY COLLEGE DISTRICT: NORCO COLLEGE

FIELD TRIP REQUEST AGREEMENT

*Please note that Students and Staff shall at all times adhere to the Standard of Student conduct applicable to conduct on campus

A FIELD TRIP/ EXCURSION IS DEFINED AS A TRIP CONDUCTED IN COURSES OF INSTRUCTION OR INSTRUCTIONALLY-RELATED SOCIAL, EDUCATIONAL, CULTURAL, ATHLETIC, OR MUSICAL ACTIVITIES TO AND FROM PLACES IN CALIFORNIA. ALL OUT OF STATE TRAVEL MUST BE APPROVED BY THE BOARD OF TRUSTEES.

1. AT ANY POINT THE DEAN OF STUDENT LIFE/ STUDENT ACTIVITIES COORDINATOR RESERVE

As the requestor of this excursion I understand:

THE RIGHT TO CANCEL ANY	FIELD TRIP/EXCURSION AT ANY TIME	•		
2. I must submit ali	l necessary documentation a	COUPLE OF WEEKS		
IN ADVANCE				
3. I WAIVE ALL CLAIMS AC	GAINST THE DISTRICT FOR INJURY	, ACCIDENT, ILLNESS,		
OR DEATH OCCURRING D	DURING OR BY REASON OF THE FI	ELD TRIP.		
4. ALL PERSONS MAKING	A FIELD TRIP, INCLUDING PAREN	TS, CHAPERONES,		
ETC., MUST COMPLETE:				
a. A release	e of liability Form			
B. EXCURSIC	on Contract/ Emergency Info	rmation Form		
5. THE ADVISOR TRAV	ELING HAS RECEIVED A COPY OF T	the district's Board		
and Administrative Po	licies on Non Discrimination	n (3410) and		
Prohibition of Harass.	ment (3430) (Please see attach)	ED)		
6. I WILL ADHERE TO B	Board and Administrative Poi	LICIES		
regarding Field Trips/	Excursions (4300) (Please see A	TTACHED)		
I have read and agree to .	all of the following Rules an	nd Requirements:		
Advisor Name (Print)	ADVISOR SIGNATURE	DATE		
. ,				
Advisor Email	Contact	Contact Number		