

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT  
**FIELD TRIP WAIVER OF CLAIMS ACKNOWLEDGMENT**

Name of Student Participant: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Trip Locations: (Name & City, State): Black College Expo, Pomona CA

\_\_\_\_\_

Date(s) of Field Trip: February 14, 2026

Purpose of Field Trip: Connect to Transfer Institutions

I, the undersigned, am of the age of majority (18 years or older), **or** am the parent or legal guardian of the student participant.

I understand that I am, by law, deemed to have waived all claims against the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT or the State of California for injury, accident, illness, or death occurring during or by reason of the college activity in accordance with the requirements of Education Code 35330 (d) and Title V, Division 6, Subchapter 3, Article 2, 55220.

Under penalty of perjury, I the undersigned have read, understood, and agree to the above and have signed of my own free will.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETE IF STUDENT IS A MINOR (UNDER 18 YEARS OF AGE):

By signing, I assume responsibility for the minor listed above.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_