

UNIVERSITY OF HAWAII: HONOLULU COMMUNITY COLLEGE

REQUEST FOR FIELD TRIP

(Submit 7 working days prior to the field trip)

Subject class or classes: _____

No. of students on field trip: _____ Instructor(s) in attendance: _____

Date of field trip: _____ Day of week: _____ Time of Day: _____

Approximate number of hours of college day required for field trip including time for going and returning: _____ * Type of transportation: _____

Does the activity conflict with other classes students are required to attend? _____
How will the trip be financed? _____

Place of visit(s): _____

Address: _____

Person with whom arrangements were made: _____

Phone: _____ Purpose of field trip: _____

Things to see and emphasize: _____

Request by: _____
Print Name Signature

Phone No. _____ Date: _____

Division Chairperson _____ Date: _____

Assistant Dean: _____ Date: _____

* Public carrier preferred. If private vehicles are to be used, it is prudent to check for insurance coverage and responsibility of drivers. Be sure to have students submit ASSUMPTION OF RISK AND RELEASE form.

NOTE: Field trips should NOT be planned for the first two weeks of instruction or until such time as your class enrollment has stabilized.

HONOLULU COMMUNITY COLLEGE

Community College System • University of Hawaii

ASSUMPTION OF RISK AND RELEASE (Laboratory, Apprenticeship, Practicums, Intramural Athletics, etc.)

Name of Course/Activity: _____

Period: _____

I have read and fully understand the written safety and other rules and precautions that are a part of the requirements for my participation in the above referenced course/activity, as well as those explained to me by my instructor(s), and I agree to strictly observe them; and

I hereby accept full responsibility for an indemnify, release, and discharge the University of Hawaii, its officers, agents, and employees from any and all claims of actions for property damage and/or personal injury which may result from my failure to abide by these safety rules and precautions, or from any inherent risks in said course/activity.

_____ (Student's printed name) _____ (Age)

Date _____
_____ (Student's/Participant signature)

* Co signature of parent or guardian required if student is under 18 years of age.

Date _____
_____ (* Parent or guardian's signature)