OFFICIAL FIELD TRIP RELEASE / WAIVER FORM

COURSE NO.:		
COURSE TITLE:		
INSTRUCTOR:		
VENUE OF FIELD TRIP:		
DATE AND TIME OF FIELD TRIP:		
	STATEMEN'	т
University of Management and S staff shall not be held responsible	statement, I, the undersigne Sciences San Diego, including le, in whole or in part, for an ies, and/or medical problem	ed, fully understand and agree that the California g its board of trustees, administrators, faculty, and my stolen and/or damaged articles and properties; as arising from all circumstances relative to my
NAME	SIGNATURE	EMERGENCY CONTACT INFORMATION NAME/TELEPHONE NUMBER
FACULTY		DATE
FACULTY		DATE
PROGRAM DIRECTOR		DATE REV. 9/2015