



**FIELD TRIP/OUT-OF-CLASSROOM PARTICIPATION CONSENT**

The \_\_\_\_\_ class will take place at  
(Course Title)

\_\_\_\_\_  
(Field Trip/Out-of-Classroom Activity Location)

on \_\_\_\_\_, 20\_\_\_. This activity will provide students the opportunity to enhance their learning experience by participating in this field trip/out of-classroom experience.

Students are to report to \_\_\_\_\_ at  
(Location)

\_\_\_\_\_:\_\_\_\_\_ a.m./p.m. on \_\_\_\_\_.  
(Date)

Students are responsible for their own transportation unless provided by the College. By signing this release, I acknowledge that I am voluntarily undertaking this activity in full consideration of the educational opportunity provided. I agree to assume responsibility for my participation in this activity and voluntarily waive, release and hold harmless Lewis & Clark Community College, its elected officials, officers, employees and agents from any and all claims, causes of action and damages for bodily injury that I may suffer as a result of or in any manner connected with, directly or indirectly, my participation in this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
College Representative (Faculty Member)