

## Ventura County Community College District

### WAIVER FOR USE OF PERSONAL TRANSPORTATION

Moorpark College

Oxnard College

Ventura College

***This agreement must be signed by every student participating in the field trip/excursion, and providing their own transportation, as a passenger in another vehicle or driving their own vehicle, before permission will be granted to participate.***

Student Name: (print) \_\_\_\_\_

Instructor/Advisor: \_\_\_\_\_

Class(Name/Number/Section)/Club/Athletic Event: \_\_\_\_\_

Activity/Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

I understand the College is providing transportation to and from the above activity. However, I hereby requests permission to provide my own transportation at my own expense for the activity and applicable dates as described above. Transportation may or may not be the parent or guardian of the student.

It is fully understood that the College is in no way responsible, nor does the College assume liability, for any injuries or losses resulting from use of their own transportation. Although the College may assist in coordinating transportation and/or recommending travel time, routes, carpooling, or caravanning to or from this activity, I fully understand that such recommendations are not mandatory. I understand that by operating my vehicle or driving as a passenger in a non-college vehicle for this off-campus activity, I am accepting full responsibility for any form of injury or property damage which may occur. I hereby release and hold harmless the Ventura County Community College District from any liability whatsoever for my use of non-district transportation.

I also understand that the driver of the vehicle in which I am riding, either as driver or passenger, is not driving as an agent of or on behalf of the College, and the College has not confirmed liability insurance coverage, driver's license status or the condition of the vehicle.

I further acknowledge that my College provided student insurance coverage may not cover damages or injury because of my election to utilize my own transportation without the direct supervision of a College staff.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor/Advisor/Supervising Employee signature

\_\_\_\_\_  
Date

**FORM MUST BE SUBMITTED WITH VCCCD  
STUDENT PARTICIPATION FORM - District-Wide Form No. 18008**