



1801 East Cotati Avenue  
Rohnert Park, CA 94928-3609

DIVISION OF ADMINISTRATION AND FINANCE  
Risk Management

## Field Trip Guidelines

*These best practices guidelines are offered to supplement any existing College or Department field trip procedures.*

### General Guidelines

- Field trips, with University provided transportation (charter bus or rental van), should begin and end on campus.
- Field trips, where the University does not provide group transportation, should begin and end at the off campus location. Student field trip participants are encouraged to organize and/or arrange their own transportation to and from the field trip site(s).
- All field trips should be designated as a mandatory course requirement. (Exceptions to and/or make-up participation are decided by the college or department).
- Field trip participants should be advised of any hazardous, extraordinary, or strenuous activity anticipated during the field trip.
- Field trip participants should complete and submit a release of liability waiver that should be retained in the sponsoring department for at least 3 years.
- A participant list naming all persons attending the field trip should be retained in the sponsoring department. This participant list should also designate a contact person with a phone number in the event of an emergency.
- Designated vehicle drivers must obtain University approval and meet all the requirements to be an authorized University driver prior to field trip departure.
- No alcoholic beverages or controlled substances shall be transported in a State or private vehicle at any time.
- Guests are not allowed on field trips to minimize the risk exposure and liability to the University. Field trips should be limited to faculty, staff, enrolled students, and/or approved volunteers of the University.

### University Drivers

- Only authorized University drivers may drive for field trips and/or drive University owned vehicles.
- The STD 261 (Authorization to Drive a Privately Owned Vehicle form) should be completed by authorized University drivers using their privately owned vehicles. Completed STD 261 forms are submitted and maintained by the authorized University driver's department.

### Medical Coverage for Accident Injury

- In the event of an injury, primary medical coverage will be provided by the field trip participant's personal health insurance. If a student's health care benefits are exhausted, the CSU Student Travel Accident Insurance helps pay for additional related injury expenses.
- Faculty, staff, and approved volunteers injured on a field trip should contact the Workers' Compensation Coordinator at (707) 664-2664.

## THE CALIFORNIA STATE UNIVERSITY

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DIVISION OF ADMINISTRATION AND FINANCE  
Risk Management

707.664.4039 • Fax 707.664.2080  
www.sonoma.edu/risk/

*-To be completed only by non-employees of the University and retained by Sponsoring Department-*

Dear Student

You are currently participating in a California State University-affiliated program which requires air and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air and/or ground travel required by the California State University-affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking a California State University-affiliated air and/or ground travel, you will be required to sign a "Release, Hold-Harmless and Informed Consent" statement. Please review the statement carefully before signing it.

Sincerely,

TYSON HILL  
Senior Director for Risk Management

To be completed by travel participant:

My signature acknowledges that I have received and read this advisory.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE CALIFORNIA STATE UNIVERSITY**

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**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: Variety

Activity Date(s) and Time(s): Variety  
Activity Location(s): Variety

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, Sonoma State University and its auxiliary organizations, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

*If Participant is under 18 years of age:*

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name

**SONOMA STATE UNIVERSITY**  
**EMERGENCY INFORMATION FORM/RELEASE AGREEMENT**

(TO BE COMPLETED PRIOR TO PARTICIPATING IN OFF-CAMPUS EVENT)

Academic Department: Hutchins School of Liberal Studies Course number: Variety  
Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Students with medical conditions, allergies, or disabling conditions must be accommodated for all field trips and off-campus class activities. This may mean finding alternative activities to learn the same information. Faculty will provide, in advance, specific information to students regarding the type and rigors of the trip/class activity (e.g. miles to be covered, elevation change, terrain, etc.). Students are then responsible for identifying the need for modifications or alternative activities. The disability resource center is available for suggestions and assistance in negotiating adaptations.

It is important that both students and supervising faculty be aware of their respective responsibilities to exercise due care in planning for, and participating in, field trips, other off-campus class activities and other off-campus events-including adequate preparation for medical services as a result of sickness or injury occurring during field trips or other off-campus class activities. Sonoma State University and the State of California do not provide coverage for medical costs incurred by students. The CSU system maintains a very limited "injury only" policy for enrolled students participating in school-sponsored activities away from campus. All participants should complete this form.

Do you have health insurance?  Y  N If yes, please indicate below:

Your Policy  Parent's Policy  Employer's Policy  Other

Name of Primary Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Company: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE SONOMA STATE UNIVERSITY REPRESENTATIVES TO CONTACT THE FOLLOWING INDIVIDUALS IN ORDER TO OBTAIN EMERGENCY MEDICAL TREATMENT AND TO TAKE NECESSARY EMERGENCY MEASURE FOR MY SAFETY AND PROTECTION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: Variety

Activity Date(s) and Time(s): Variety

Activity Location(s): Variety

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, Sonoma State University and its auxiliary organizations, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

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