



Instructions

1. This form must be completed by all students participating in a field trip organized by Coquitlam College.
2. If the student is under 19 years of age, a parent or legal guardian must sign and complete the form.
3. Ensure all sections of the form are filled out completely and accurately.
4. Submit the completed form to the instructor or designated staff member prior to the field trip.

Field Trip Details

Field Trip Destination: _____ Departure Time: _____

Field Trip Date: _____ Return Time: _____

Field Trip Details (activities involved): _____

Authorization & Waiver

I, _____, agree to participate in the field trip organized by Coquitlam College.
[print name]

I agree that I am responsible for any risks associated with attending this field trip, and I hereby release Coquitlam College from any responsibility or liability for any claims arising from my participation in this field trip

I confirm that I have health insurance to cover any medical costs in the event that I am injured during this field trip.

☐ I have no health-related reasons or conditions that would prevent me from participating in this field trip.

Insurance Provider: _____

Insurance Expiry Date: _____

☐ I am **over 19 years of age**.

☐ I am **under 19 years of age**. (Parent/guardian authorization required, see below)

During this field trip, I agree to follow all Coquitlam College policies, including those governing my educational experience at Coquitlam College. These policies are available on the Coquitlam College website at: www.coquitlamcollege.com/about-us/policies/

By signing below, I acknowledge that the information on this form is true and accurate and I agree to the terms for my participation in this field trip.

Student Phone Number: _____ Student ID Number: _____

Signature: _____ Date: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Relation to Student: _____ Alternative Contact Information: _____

Parent/Guardian Authorization (Required for Students under 19 Years of Age)

Parent/Guardian Name: _____ Relation to Student: _____

Signature: _____ Date: _____