

**ADULT VOLUNTEER FIELD TRIP WAIVER  
NOTICE AND MEDICAL AUTHORIZATION**

Field Trip \_\_\_\_\_

Sponsoring group \_\_\_\_\_ Date \_\_\_\_\_

Staff member in charge \_\_\_\_\_

As stated in California Education Code Section 35330, I understand that I hold the Tamalpais Union High School District, its officers, employees, and agents harmless from all liability and claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. I understand that the resulting expenses will be my responsibility.

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

In the event of illness or accident, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_