



CALUMS

CALIFORNIA UNIVERSITY OF MANAGEMENT AND SCIENCES

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OFFICIAL FIELD TRIP RELEASE / WAIVER FORM

COURSE NO.: _____

COURSE TITLE: _____

INSTRUCTOR: _____

VENUE OF FIELD TRIP: _____

DATE AND TIME OF FIELD TRIP: _____

STATEMENT

Upon reading and signing this statement, I, the undersigned, fully understand and agree that the California university of management and sciences, including its board of trustees, administrators, faculty, and staff shall not be held responsible, in whole or in part, for any stolen and/or damaged articles and properties; as well as death, accidents, injuries, and/or medical problems arising from all circumstances relative to my attendance to the above-described field trip activity.

NAME	SIGNATURE	EMERGENCY CONTACT INFORMATION NAME/TELEPHONE NUMBER
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FACULTY

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DATE