



LONG BEACH CITY COLLEGE
Study Abroad Program
1305 E. Pacific Coast Highway
Long Beach, CA 90806
Phone: (562) 938-3165
Fax: (562) 938-3232

Assumption of Risk and Limited Release (Minors under 18)

In consideration for my minor student, or legal ward, _____,

being permitted by Long Beach City College (LBCC) to participate, and as an inducement to LBCC to

permit him/her to participate, in the following Program: _____, I, the undersigned as parent or legal guardian of said minor, recognizing the hazards and danger inherent in said Program and/or in the transportation to and from said Program, and already knowing or having been advised of said dangers and fully acknowledging the risk of injury or death inherent therein, whether by his/her own actions, the actions of others or events beyond his or her control, do hereby knowingly and voluntarily assume full responsibility for all the risks surrounding his/her participation in said Program and any other activity(s) undertaken as an adjunct thereto, and all risks associated with his/her own health problems and physical or emotional limitations; and furthermore, for his/her, myself, and his/her heirs and personal representative(s), I hereby fully release LBCC and all of its officers, employees, and agents, without any limitation or qualification, as to losses, expenses, or damages of any kind concerning property or personal injuries (emotional or physical) or death which may result, directly or indirectly, from his/her participation in the aforesaid Program, unless any such damage or injury is primarily the direct result of a negligent act or omission by LBCC or any of its officers, employees, or lawful agents and not caused in part by his/her own negligence. I also agree to fully indemnify LBCC and its employees and agents against any liability, claims, damages, losses or expenses that may incur as a result of said minor's participation in said Program. The undersigned, by his/her signature below, affirms that he/she has carefully read this Assumption of Risk and Limited Release Agreement (for Minors), understands its contents and purposes, and voluntarily agrees to all the terms set forth above.

Parent/Guardian (Please print) _____

Signature _____ Date _____



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Parental Release for Independent Travel
(if applicant is under 18 years of age, please complete the following):

I certify that I am the parent or legal guardian of the above-named applicant, that I have carefully read and that I understand the above agreement, that I have signed the Assumption of Risk and Limited Release Agreement and that I accept and will be bound by the terms and conditions of the Agreement on my own behalf and on the behalf of the applicant. It is my wish that my son/daughter be permitted to travel separately from the LBCC Study Abroad group at times when it will not interfere with academics or other elements of the Program.

I hereby assume full responsibility and agree that neither LBCC nor the faculty director shall be liable in any way while my son/daughter is not with the entire group.

Parent/Guardian (Please print) _____

Signature _____ Date _____

I do NOT give my permission for my son/daughter to travel independently of the group, irrespective of whether or not the faculty director has approved of such travel.

Signature of Parent/Guardian _____ Date _____

Witness' Name (Please print) _____

Signature _____ Date _____