



## EDUCATION POLICY STUDENT FIELD TRIPS

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**EFFECTIVE:** March 1991  
**REVISED:** September 2001  
**RELATED POLICIES:**

### POLICY

Some courses/ programs at Northern Lights College include student field trips as part of the curriculum. All student field trips must receive prior approval from the President, or Vice-President Finance & Administration, or Campus Administrator, or Dean.

### PROCEDURE

It is the responsibility of the Campus Administrator to ensure that all required documentation is completed and authorized. This will include a detailed budget, budget line for coding, and acquiring copies of valid insurance and driver's license(s) where necessary.

#### 1. FIELD TRIP REQUIREMENTS

- a) To receive College subsidy, the trip must be a program requirement and be an approved line budget item.
- b) Under direct supervision of instructor, students visit and observe activity "on site."
- c) Students travel and participate in groups.
- d) Instructor arranges for pre-set learning experience "on site."
- e) Assessment occurs during and/or after the field trip.
- f) The instructor must be present and play an active role in the process.

2. **STUDENTS AND STAFF ON FIELD TRIPS** are governed by all policies, rules and regulations of the College as well as those which may be applied by the agency providing the external facilities.

3. **ARRANGEMENTS for travel** will follow guidelines in [Travel](#).

#### 4. STUDENT VEHICLES / PRIVATE VEHICLES

- a) Although public carriers are the preferred means of conveying students to and from field trip destinations, it is recognized that this is not always possible and private vehicles may need to be used.
- b) The College maintains coverage for "volunteers". In the event of an accident the

student/volunteer driver's personal ICBC coverage would be the first insurance, then Northern Lights College's liability will step in if the claim is larger than the amount of insurance carried by the student/volunteer.

- c) When private vehicles are used, a photocopy of the student/volunteer's valid certificate of insurance ("pink slip") and valid driver's license must be taken at the campus **PRIOR** to trip departure.

## 5. **INSURANCE**

- a) For insurance purposes, it is recommended that students and staff meet and depart for field trips from the Northern Lights College site, or a pre-determined departure site. There is a significant difference in coverage if the participant is "travelling from the work site (Northern Lights College) to the field trip site" as opposed to "travelling to and from work". In the event a claim is made, it would be to the claimant's advantage to have left Northern Lights College to reach the location of the field trip.
- b) Students must provide **PROOF** of basic medical coverage **PRIOR** to commencement of the field trip. The College maintains general comprehensive liability insurance, but there is **no accident coverage**.

## 6. **INFORMED CONSENT WAIVERS**

- a) "Informed Consent" forms are to be used when the field trip is a mandatory component of the program.
- b) Waiver forms are to be used when a field trip or activity is optional.

**INFORMED CONSENT**

I, (name) \_\_\_\_\_, hereby acknowledge the participation  
in (date/description of activity) \_\_\_\_\_  
organized by the (name) \_\_\_\_\_  
department of Northern Lights College.

I acknowledge that adhering to instructions and guidance from the activity coordinator(s) is in  
my best interests and that my conduct will be in accordance with any rules and regulations  
imposed.

I further acknowledge that at any time Northern Lights College may refuse to allow participation  
to any person(s) who are determined by the activity coordinator(s) to be a hazard to themselves  
and/or other participants involved in the above specified activity.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_  
(if under age of 19)

**RELEASE OF ALL CLAIMS AND WAIVER OF LIABILITY**

**WARNING: By signing this you give up the right to sue.**

TO: Northern Lights College

In consideration of Northern Lights College granting me the privilege of participating in the activity below, I agree to this release of claim, waiver of liability, and assumption of risks (hereinafter referred to as "this Release").

Activity \_\_\_\_\_

Date(s) \_\_\_\_\_

Duration \_\_\_\_\_

I waive any and all claims I may have against, and release from all liability and agree not to sue, Northern Lights College and its officers, employees, agents and representatives (hereinafter referred to as "its staff") for any personal injury, death, property damage, or loss sustained by me as a result of my participation in the activity named above arising out of any cause whatsoever including, but not limited to, negligence on the part of Northern Lights College and its staff.

I am aware of all the dangers and risks inherent in the particular activity including, but not limited to, the following:

- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

In entering into this Release, I am not relying upon any oral or written representations or statements made by Northern Lights College or its staff, including those in brochures, calendars, or promotional material issued by Northern Lights College, to induce me to undertake this particular activity.

I confirm that I have read and understood this Release prior to signing it, and agree that this Release will be binding upon me, my heirs, next of kin, executors, administrators, and assigns.

I agree that this Release is to be interpreted pursuant to the laws of the Province of British Columbia and I understand that if I have any questions regarding this waiver of rights, I should consult a lawyer prior to signing this Release. I acknowledge that, at any time, Northern Lights College may refuse to allow participation to any persons who are a hazard to themselves and/or other participants involved in the activity.

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

Address of Participant: \_\_\_\_\_

\_\_\_\_\_

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

Signature of Witness: \_\_\_\_\_

(parent/guardian if under age 19)

\_\_\_\_\_ (print name)

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