To whom it may concern,

I, Bryan Russell, the advisor to the Ethics Bowl club, support the club in their application for the SOF Grant. The grant money will be spent on travel related expenses for our upcoming trip to Harper College for the 2025 National Two-year College Ethics Bowl Championship.

Ethics Bowl is a series of tiered competitions which feature moderated and judged discussions of topical ethical dilemmas. Two- and four-year colleges from across the country send teams to competitions in the Fall, in the hope that they will qualify for the All-college National Ethics Bowl Championship in the Spring. This year, we are lucky to be sending a team of four students, to the competition at Harper College. The students have been practicing since the second week of the semester, and their preparations will continue right up until the November 22nd competition.

Thanks for your consideration,

Bryan Russell

AP 7400 Use of Auto Form

- ❑ Bakersfield College
- ❑ Cerro Coso College
- ❑ District Office
- ❑ Porterville College

Kern Community College
District 2100 Chester Avenue
Bakersfield, CA 93301-4099

Agreement for Use of Automobile on School Business

(This Form Must be Renewed Each Fiscal Year)

Fiscal Year

I hereby certify that I am licensed and have public liability, property damage, and medical insurance with coverage in the amounts required by the State of California to operate an automobile. I agree and understand that if approved by my supervisor for use of my private automobile while performing required duties, that the Board-approved mileage rate shall be deemed to be the actual expense of operating the automobile including gasoline, oil, and depreciation. This rate is determined by the Board of Trustees to be the actual travel expenses incurred by me in performing my duties. I understand when I drive a district vehicle or vehicle rented by the district for district business KCCD's insurance will serve as primary coverage in the event of an accident. However, when I drive my private vehicle for district business, my personal automobile insurance will serve as primary coverage in the event of an accident.

(Please attach copies of your Driver's License and Insurance certificate)

Signature of Employee/Student	Employee ID Number	Date
Robert Kelly	@	
Type/Print Name	Position/Title	
Insurance Carrier	Policy Number	Driver's License Number

(Print Name of Supervisor)	
Signature of Supervisor	Date

Board Policy Manual

BP 7400 Staff Conferences and Meetings

Employees who are authorized and directed by the Chancellor or designee to attend educational conferences or meetings shall be reimbursed for expenses incurred. Out-of-country travel requires Chancellor or designee approval. See Procedure 7400 of this Manual for forms and procedures for attendance of conferences and meetings and for expense reimbursement. https://employees.kccd.edu/employee-forms

The most economical mode of transportation shall be used. When a school car is not available and travel by private automobile is authorized, mileage shall be paid to the owner of the vehicle at the Board approved rate, mileage will be based upon most direct route. Receipt for commercial transportation shall be submitted with claim.

The Board approved rates for mileage reimbursements shall be the same as the guidelines used by the federal government (IRS).

BP 7400 Staff Transportation

Employees whose duties necessitate in-district travel shall be paid for meals in accordance with the guidelines in Procedure 7400 and for the use of their cars at the Board approved mileage rate described in Policy 7400. Itemized claim statements must be presented to ensure payment of claims. All forms for employee/student travel can be found at https://employees.kccd.edu/employee-forms.

Private vehicles used for District business must be properly insured, currently registered, in safe and reliable working condition and appropriate for intended use. The employee shall certify that his/her automobile has public liability, property damage, and medical insurance with coverage amounts at least in accordance with the minimum requirements of the State of California.

Employees or students using either District or private vehicles for District business must be properly insurance and licensed. (See Policy 4300 for student transportation policies.) **If you are transporting students this form must be sent to: Trudi Blanco at Trudi.Blanco@kccd.edu**

KCCD
KERN COMMUNITY COLLEGE DISTRICT

Kern Community College District
2100 Chester Avenue
Bakersfield, CA 93301-4099

Student Travel Authorization

☐ Bakersfield College
☐ Cerro Coso Community College
☐ Porterville College

Funding Source
☐ District/College ☐ Co-Curricular
☐ ASB ☐ Food Services
☐ Bookstore ☐ Foundation

Date of Request: 10/15/25
Contact Telephone Number: 9253307679
Name of Approved Travel Employee: Bryan Russell
Identification Number of Approved Travel Employee: @00605112
Athletic Sport/Student Activity Purpose: Ethics Bowl Championship
Date(s) of Event: 11/22/25
Destination (be specific) (Note: Out of state trips require Board approval): Harper College, 1200 Algonquin Rd, Palatine, IL 60067
Departure Location (must be KCCD site; other location must be approved): BC Panorama Campus
Return Location (must be KCCD site; other location must be approved): BC Panorama Campus
Date and Time of Departure: 10:00 AM 11/21/25
Date and Time of Return: 6:30 PM 11/23/25

FUNDING SOURCE (e.g., FOAPAL or Student Club Accounting String)

Estimated Expenses

	Estimated Cost	(Please (x) If Requested) Prepayment */ PO	Credit Card
Commercial Transportation	1,587.84		
Lodging+Tax, #/nights:	582.24		
Registration	357.00		
Mileage Miles____@ ____cents	0.00		
Meals: Estimated # of students _____x per diem total (below)___ 0.00	0.00		
Other Expenses (Itemized)			
Total Estimated Expenses	2,527.08		

Actual Expenses

	Actual Cost	Audit (Office Use Only)
Commercial Transportation		
Lodging plus tax		
Registration		
Mileage Miles_____@_____cents		
Meals: Actual # of students_____x Per diem total (per student) __		
Other Expenses Total (Itemize Below)		
Total Expenses		
Less Prepayment/Credit Card Charges		
Balance Due		

Signatures

Approved Traveling Employee Signature:

Vice President/Dean or Director Signature:

NOTE: Budget approval is completed through the purchasing process.

	Date	Check Number	
Prepayment			
Final Payment			

Per Diem Meal Data (per student)

Date	Breakfast $13.00	Lunch $16.00	Dinner $26.00	Total $55.00	Audit (Office Use Only)
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
TRIP TOTAL (per student)				0.00	

Other Expenses (Itemized)

Description	Actual Cost	Audit (Office Use Only)

Athletic Sport/Student Activity/Purpose	Date(s) of Event
Ethics Bowl Championship	11/22/25

By signing below, each student acknowledges receipt of $ 0.00 (as specified above in "Per Diem Meal Data (per student) – Trip Total")

	Printed Name of Student	Signature of Student
1.	Saul Pallares	
2.	Alejandro Padilla	
3.	Darlen Sandoval	
4.	[redacted]	
5.	Tessa Strong	
6.		
7.		
8.		
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KCCD
KERN COMMUNITY COLLEGE DISTRICT

Form A

- ☐ Bakersfield College
- ☐ Cerro Coso Community College
- ☐ Porterville College

Student Election of Private Transportation
For approved Student Trip and Emergency Contact Information

*[This form must be fully completed by the student and must be submitted to the Instructor/*Supervising Academic Employee at least one (1) week prior to the trip. The signature of the Instructor/Academic *Supervisor is also required.]*

Date 9/29/25

Student's Printed Name	Student's Signature	Driver: Yes		No	
Saul Pallares					✓
Alejandro Padilla					✓
Darlen Sandoval	Darlen Sandoval				✓
Melissa Shamburg					✓
Tessa Strong					✓

I elect to utilize private transportation with respect to the above-referenced activity. I hereby release and hold free and harmless the Kern Community College District and its employees from and against any and all liability and/or claims resulting from such field trip or excursion by private transportation.
If I am the driver, I hereby certify that I have a valid California Driver's License, that the automobile is adequately insured and that I can produce the certificate of insurance upon request.

Acknowledged By

Instructor/Academic Supervisor's Signature

Date 9/29/25

Name of Originator: Bryan Russell	Contact Telephone Number: (9253307679	Date of Request: 9/29/25
Department/Division: Philosophy	Course Title and CRN: N/A	
Departure Location (must be KCCD site; other location must be approved): BC Panorama Campus		
Departure Date(s): 11/21/25	AM Time: 10:00 AM	PM Time:
Return Date(s): 11/23/25	AM Time:	PM Time: ~~8:00 PM~~ 6:30PM
Return Location (must be KCCD site; other location must be approved): BC Panorama Campus		
Destination (be specific) (Note: Out-of-state trips require Board approval): Harper College, 1200 Algonquin Rd, Palatine, IL 60067		
	Purpose: Ethics Bowl Championship	

Student's/Approved Participant's Name	Emergency Contact Name	Relationship	Telephone Number
Saul Pallares	Becky Pallares	grandmother	661-342-6535
Alejandro Padilla	Cristina Padilla	Mother	661-565-0635
Darlen Sandoval	Adriana Orreci	Mother	(661) 748-2543
Melissa Shamburg			
Tessa Strong	Chris Strong	Father	661 706 [illegible] 32

3/2015DO/Educ_Servs
(Use Additional Forms As Necessary)

Original to: College Educational Administrator Copies to: Chair/Coordinator/Director and Originator

Two-Year Regional Ethics Bowl

The Two-Year Ethics Bowl is open to any institution from a two-year college or university.

Important Information

Host Institution and location: Harper College (Palatine, Illinois)
Date: Saturday, November 22, 2025
Fee: $200
Contact: John Garcia (jgarcia@harpercollege.edu (mailto:jgarcia@harpercollege.edu))
Registration info: Schools may register 1 team in the three-week registration period, and it will be open to 2nd teams following that waiting period.
Max number of teams: 16
Basic format: Four rounds and a final
Food provided: Lunch

Schedule and Logistics (coming soon)

- Agenda
- Location details, including parking instructions and a map
- Hotel group rates
- Regional rules, including:
  - Number of cases being used
  - Which cases (if any) were dropped
  - Any region-specific rules

Volunteer info

Sign up to become a judge or moderator

VOLUNTEER HERE (HTTPS://DOCS.GOOGLE.COM/FORMS/D/E/1FAIPQLSC10-3NORUG3UIRAC2E1P3PHASYY4NQMYI7ITUDKQM1JUN4RG/VIEWFORM)

Past Winners +

The Association for Practical and Professional Ethics

(tel:(765) 658-5015) (765) 658-5015
(tel:(765) 658-5015)

2025 Ethics Bowl Travel Schedule

11/21/25	
10:00am	Depart BC Panorama Campus
12:30am	Arrive at LAX
1:00pm	Lunch
2:22pm	Fly from LAX to Chicago (ORD)
8:25pm	Arrive in Chicago (ORD)
9:00pm	Arrive at Hotel, Quality Inn, Shaumberg, IL
11/22/25	
8:00am	Practice in hotel; breakfast
9:00am	Competition
Noon	Lunch
1:00pm	Competition
5:00pm	Dinner
6:30pm	Return to Hotel
11/23/25	
7:00am	Breakfast at hotel
10:30am	Checkout of hotel and ride to Chicago (ORD)
Noon	Lunch
1:00pm	Fly to LAX
3:30pm	Arrive at LAX
6:00pm	Arrive at BC Panorama Campus

These are estimates of additional bag service charges that may apply to your itinerary. Service charges may vary by traveler, depending on status or memberships. First and second bag service charges do not apply to active duty-members of the U.S. military and their accompanying dependents. For additional information, visit united.com/baggage.

Purchase Summary

You paid today	$2,381.76
Card statement credit	-$300.00
Total after statement credit	$2,081.76
> Fare	$2,044.80
Taxes and Fees	**$336.96**
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
TOTAL	**$2,381.76**

Credit card payment: $2,381.76 (Visa **7207)

STUDENTS $1587.84 ADVISORS $793.92

Site Feedback

Travelers

Flight to Chicago

DEPART	ARRIVE
Fri, Nov 21, 2025	Fri, Nov 21, 2025
2:22 PM	8:25 PM
LAX	ORD
Los Angeles, CA, US	Chicago, IL, US

FLIGHT INFO	Basic Economy
Flight	UA 2487
Duration	4h 3m
Aircraft	Airbus A321neo
Fare Class	United Economy (N)
Seats	Choose seat

Flight to Los Angeles

DEPART	ARRIVE
Sun, Nov 23, 2025	Sun, Nov 23, 2025
1:00 PM	3:30 PM
ORD	LAX
Chicago, IL, US	Los Angeles, CA, US

FLIGHT INFO	Basic Economy
Flight	UA 2396
Duration	4h 30m
Aircraft	Boeing 777-200
Fare Class	United Economy (N)
Seats	Choose seat

Calculate bag charges

Los Angeles, CA → Chicago, IL
November 21, 2025

FIRST BAG	$0
SECOND BAG	$0
WEIGHT PER BAG	

Chicago, IL → Los Angeles, CA
November 23, 2025

FIRST BAG	$0
SECOND BAG	$0
WEIGHT PER BAG	

Bryan Russell

Date of Birth:
4/1/1979
eTicket number:
01623404172983

Robert Kelly

Date of Birth:
1/19/1985
eTicket number:
01623404172994

Alejandro Padilla

Date of Birth:
2/19/1999
eTicket number:
01623404173005

Sophia Pallares

Date of Birth:
1/9/2004
eTicket number:
01623404173016

Darlen Sandoval

Date of Birth:
12/18/2005
eTicket number:
01623404173020

Tessa Strong

Date of Birth:
2/5/2002
eTicket number:

Add trip insurance
Make it a worry-free trip

Get it (https

Quality Inn Schaumburg - Chicago near the Mall

600 North Martingale Rd, Schaumburg, IL 60173 | (847) 517-7737

Reservation information

Hotwire confirmation
-1983001860, -1983001856, -1983001852, -1983001846

Hotwire itinerary
5777693846

Booking date
Oct 15, 2025

Check-in
Fri, Nov 21 - 03:00pm

Check-out
Sun, Nov 23 - 12:00pm

Room
4 rooms (2 queen beds) | 6 adults

Nights
2 nights

Primary guest
Bryan Russell (Must be present upon check-in)

Price summary

Room
$592.00 ($74.00 per night x 2 nights x 4 rooms)

Taxes & fees
$184.32 ($92.16 per night x 2 nights x 4 rooms)

Trip total (USD)
$776.32

Trip total per night (USD)
$388.16

STUDENTS $582.24

ADVISORS $194.08

Policies and restrictions

This hotel may require guests to wear a face covering in indoor public spaces and common areas. All bookings are final. No refunds or changes. NOTICE: Some amenities and dining options may be limited or unavailable. Local City Taxes, Parking Fees, Pet fees, and Room deposits may apply at check-in. Masks may be required in public areas. Contact hotel directly for current details prior to arrival. Primary guest must be 21 and bring ID. Hotels will require a credit card when you check in; debit cards may not be accepted. You'll pay the hotel directly for additional charges, like room service or resort fees. Your selected bed type is guaranteed. Sometimes amenities may be closed for the season or for renovation, though we try to show what's currently available.

Advertisers (http://advertising.expedia.com/)
Tech Blog (http://techblog.hotwire.com)

Association for Practical and Professional Ethics
2961 W. County Road 225 S
Greencastle, IN 46135
Tel (765) 658-5015
E-Mail contact@appe-ethics.org

APPE
ASSOCIATION FOR PRACTICAL AND PROFESSIONAL ETHICS

INVOICE 3592	PO NUMBER	9/4/2025

BILL TO

Bryan Russell
Bryan Russell
Bryan Russell 23540 LAMPARA DRIVE
VALENCIA, CA 91355

MESSAGE

ITEMS	QUANTITY	UNIT PRICE	PAID
The 2025 Intercollegiate Ethics Bowl Regional Registration - Bryan Russell - Two-Year Regional	1	200.00	0.00
The 2025 Intercollegiate Ethics Bowl Regional Registration - Bryan Russell - Two-Year Regional	1	7.00	0.00
The 2025 Intercollegiate Ethics Bowl Regional Registration - 1st Team: APPE Program Participation Fee	1	150.00	0.00

SUBTOTAL	357.00
SALES TAX	0.00
SHIPPING & HANDLING	0.00
TOTAL	**357.00**
PAYMENT/CREDIT/WRITE OFF/DISCOUNTS APPLIED	(0.00)
TOTAL DUE BY 10/4/2025	**357.00**

Thank you for your business!

CURRENT	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	TOTAL OPEN INVOICE
357.00	129.19	0.00	0.00	486.19

APPE®
ASSOCIATION FOR PRACTICAL AND PROFESSIONAL ETHICS

Submit payment online here

[redacted] *Office of Student Life*

Student Travel Terms and Conditions Agreement

Students are expected to meet the KCCD Student Code of Conduct standards for the duration of the trip. Students who fail to uphold these standards may be faced with any or all of the following consequences: sanctions imposed by the host institution, Bakersfield College, Office of Student Life, and/or dismissal from the program.

The decision to terminate a student's participation will be made by the Bakersfield College staff member coordinating the trip. A student may be dismissed without warning or prior notice. If dismissed, neither Bakersfield College nor the host agency is obligated to refund any part of the fees associated with participation.

1. Students are expected to maintain behavior consistent with Bakersfield College Student Code of Conduct and KCCD Board Policy;
2. Illegal possession, use, or dissemination of illicit drugs is prohibited;
3. Alcohol and other drugs are prohibited and may result in termination from the program no matter the age or reason;
4. Students must attend all meetings and activities of the travel event unless excused by the Bakersfield College staff member;
5. Students who cause any damage to persons or property will be responsible for all costs and associated liability;
6. Where applicable, students must abide by all household rules as established by staff member coordinating the trip;
7. Behavior deemed detrimental to yourself or others (including, but not limited to, sexual misconduct) is cause for dismissal.

Do you need any special accommodation(s) due to a documented disability? Yes / No

Is there anything in your medical/psychological history of which you would want us to be aware? Yes / No

Are you currently receiving medical or psychological care of which you want us to be aware? Yes / No

I agree to the above mentioned and know my duties as a Bakersfield College representative:

Alejandro Padilla	[signature]	00642491	10-6-25
Print Name	Signature	BC @Number	Date

[redacted] *Office of Student Life*

Student Travel Terms and Conditions Agreement

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6. Where applicable, students must abide by all household rules as established by staff member coordinating the trip;
7. Behavior deemed detrimental to yourself or others (including, but not limited to, sexual misconduct) is cause for dismissal.

Do you need any special accommodation(s) due to a documented disability? Yes / No ○ ✓

Is there anything in your medical/psychological history of which you would want us to be aware? Yes / No ○ ✓

Are you currently receiving medical or psychological care of which you want us to be aware? Yes / No ○ ✓

I agree to the above mentioned and know my duties as a Bakersfield College representative:

DARLEN SANDOVAL	Darlen Sandoval	00777543	10/6/25
Print Name	Signature	BC @Number	Date

[redacted] *Office of Student Life*

Student Travel Terms and Conditions Agreement

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4. Students must attend all meetings and activities of the travel event unless excused by the Bakersfield College staff member;
5. Students who cause any damage to persons or property will be responsible for all costs and associated liability;
6. Where applicable, students must abide by all household rules as established by staff member coordinating the trip;
7. Behavior deemed detrimental to yourself or others (including, but not limited to, sexual misconduct) is cause for dismissal.

Do you need any special accommodation(s) due to a documented disability? Yes / No ○ (X)

Is there anything in your medical/psychological history of which you would want us to be aware? Yes / No ○ (X)

Are you currently receiving medical or psychological care of which you want us to be aware? Yes / No ○ (X)

I agree to the above mentioned and know my duties as a Bakersfield College representative:

Tessa Strong	[signature]	@00690265	10-6-25
Print Name	Signature	BC @Number	Date

[redacted] *Office of Student Life*

Student Travel Terms and Conditions Agreement

Students are expected to meet the KCCD Student Code of Conduct standards for the duration of the trip. Students who fail to uphold these standards may be faced with any or all of the following consequences: sanctions imposed by the host institution, Bakersfield College, Office of Student Life, and/or dismissal from the program.

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1. Students are expected to maintain behavior consistent with Bakersfield College Student Code of Conduct and KCCD Board Policy;
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5. Students who cause any damage to persons or property will be responsible for all costs and associated liability;
6. Where applicable, students must abide by all household rules as established by staff member coordinating the trip;
7. Behavior deemed detrimental to yourself or others (including, but not limited to, sexual misconduct) is cause for dismissal.

Do you need any special accommodation(s) due to a documented disability? Yes / No ✓

Is there anything in your medical/psychological history of which you would want us to be aware? Yes / No ✓

Are you currently receiving medical or psychological care of which you want us to be aware? Yes / No ✓

I agree to the above mentioned and know my duties as a Bakersfield College representative:

Saul Pallares	[signature]	00859410	10/06/25
Print Name	Signature	BC @Number	Date

KERN COMMUNITY COLLEGE DISTRICT

CONSENT FORM
GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME: Alejandro Padilla

EVENT DATE: 11/22/25

This is a legally binding Consent Form and General Release and Waiver of Liability made voluntarily by me, the undersigned Releasor, on my behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns ("I", "Me", "Undersigned", "Releasor") to the Kern Community College District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers (hereinafter "District").

The undersigned hereby acknowledges that participation in the above named event may involve potential risk to the undersigned, and the undersigned assumes any and all such risks. The undersigned hereby agrees that for the sole consideration of District allowing the undersigned to participate in this event for which or in connection with which the District has made available any equipment, facilities, services, grounds or personnel for such programs or activities relating to the event, the undersigned does hereby fully release and forever discharge the District, including any self-insurance funds of the District, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from or by reason of any and all known and unknown, present and future, foreseen and unforeseen, anticipated or unanticipated, bodily and personal injuries, damage to property, and the consequence(s) thereof, resulting from the undersigned's participation or involvement in or in way connected with the above named event and/or activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participating in this event. I authorize program staff to secure any licensed hospital, physician and/or medical personnel and any treatment deemed necessary for the undersigned's immediate care.

By the execution of this Consent Form and General Release and Waiver of Liability, the undersigned accepts full responsibility for any and all injuries, damages, and losses of any type, which may occur to the undersigned and I hereby fully release and forever discharge, the District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers.

I further understand that the acceptance of this Consent Form and General Release and Waiver of Liability by the District shall not constitute a waiver in whole or in part of sovereign immunity by the District.

The undersigned has read the above carefully before signing and understands and agrees that this Consent Form and General Release and Waiver of Liability shall be in effect for a period of time for the dates listed above.

Signature

10-6-25
Date

Signature of Parent/Guardian (if under 18): _____

(Please Print)

IN CASE OF EMERGENCY NOTIFY

NAME: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

KERN COMMUNITY COLLEGE DISTRICT

CONSENT FORM
GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME: Darien Sandoval

EVENT DATE: 11/22/25

This is a legally binding Consent Form and General Release and Waiver of Liability made voluntarily by me, the undersigned Releasor, on my behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns ("I", "Me", "Undersigned", "Releasor") to the Kern Community College District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers (hereinafter "District").

The undersigned hereby acknowledges that participation in the above named event may involve potential risk to the undersigned, and the undersigned assumes any and all such risks. The undersigned hereby agrees that for the sole consideration of District allowing the undersigned to participate in this event for which or in connection with which the District has made available any equipment, facilities, services, grounds or personnel for such programs or activities relating to the event, the undersigned does hereby fully release and forever discharge the District, including any self-insurance funds of the District, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from or by reason of any and all known and unknown, present and future, foreseen and unforeseen, anticipated or unanticipated, bodily and personal injuries, damage to property, and the consequence(s) thereof, resulting from the undersigned's participation or involvement in or in way connected with the above named event and/or activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participating in this event. I authorize program staff to secure any licensed hospital, physician and/or medical personnel and any treatment deemed necessary for the undersigned's immediate care.

By the execution of this Consent Form and General Release and Waiver of Liability, the undersigned accepts full responsibility for any and all injuries, damages, and losses of any type, which may occur to the undersigned and I hereby fully release and forever discharge, the District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers.

I further understand that the acceptance of this Consent Form and General Release and Waiver of Liability by the District shall not constitute a waiver in whole or in part of sovereign immunity by the District.

The undersigned has read the above carefully before signing and understands and agrees that this Consent Form and General Release and Waiver of Liability shall be in effect for a period of time for the dates listed above.

Darien Sandoval
Signature

10/6/25
Date

Signature of Parent/Guardian (if under 18): _____

(Please Print)

IN CASE OF EMERGENCY NOTIFY

NAME: Adriana Urrea

ADDRESS: 11640 Comanche Dr Spc 73, Arvin, CA, 93203

PHONE: (661) 748-2543

CELL PHONE: _____

KERN COMMUNITY COLLEGE DISTRICT

CONSENT FORM
GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME: Tessa Strong

EVENT DATE: 11/22/25

This is a legally binding Consent Form and General Release and Waiver of Liability made voluntarily by me, the undersigned Releasor, on my behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns ("I", "Me", "Undersigned", "Releasor") to the Kern Community College District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers (hereinafter "District").

The undersigned hereby acknowledges that participation in the above named event may involve potential risk to the undersigned, and the undersigned assumes any and all such risks. The undersigned hereby agrees that for the sole consideration of District allowing the undersigned to participate in this event for which or in connection with which the District has made available any equipment, facilities, services, grounds or personnel for such programs or activities relating to the event, the undersigned does hereby fully release and forever discharge the District, including any self-insurance funds of the District, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from or by reason of any and all known and unknown, present and future, foreseen and unforeseen, anticipated or unanticipated, bodily and personal injuries, damage to property, and the consequence(s) thereof, resulting from the undersigned's participation or involvement in or in way connected with the above named event and/or activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participating in this event. I authorize program staff to secure any licensed hospital, physician and/or medical personnel and any treatment deemed necessary for the undersigned's immediate care.

By the execution of this Consent Form and General Release and Waiver of Liability, the undersigned accepts full responsibility for any and all injuries, damages, and losses of any type, which may occur to the undersigned and I hereby fully release and forever discharge, the District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers.

I further understand that the acceptance of this Consent Form and General Release and Waiver of Liability by the District shall not constitute a waiver in whole or in part of sovereign immunity by the District.

The undersigned has read the above carefully before signing and understands and agrees that this Consent Form and General Release and Waiver of Liability shall be in effect for a period of time for the dates listed above.

Signature

10-6/25
Date

Signature of Parent/Guardian (if under 18): _____

(Please Print)

IN CASE OF EMERGENCY NOTIFY

NAME: Chris Strong

ADDRESS: 5132 Ruth Ct.

PHONE: 661 · 706 · [illegible] 2132

CELL PHONE: 661 · 706 · 3265

KERN COMMUNITY COLLEGE DISTRICT

CONSENT FORM
GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME: Saul Pallares

EVENT DATE: 11/22/25

This is a legally binding Consent Form and General Release and Waiver of Liability made voluntarily by me, the undersigned Releasor, on my behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns ("I", "Me", "Undersigned", "Releasor") to the Kern Community College District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers (hereinafter "District").

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I further understand that the acceptance of this Consent Form and General Release and Waiver of Liability by the District shall not constitute a waiver in whole or in part of sovereign immunity by the District.

The undersigned has read the above carefully before signing and understands and agrees that this Consent Form and General Release and Waiver of Liability shall be in effect for a period of time for the dates listed above.

Signature

10/06/25
Date

Signature of Parent/Guardian (if under 18): _____

(Please Print)

IN CASE OF EMERGENCY NOTIFY

NAME: Bess Pallares

ADDRESS: 417 13th Ave, Brookings SD 57006

PHONE: _____

CELL PHONE: 406-396-9965

STUDENT TRAVEL AUTHORIZATION FORM INSTRUCTIONS

1. The Student Travel Authorization form must be completed in its entirety. Within ten (10) days of the conclusion of the event, the completed Student Travel Authorization form, along with any unspent advance per diem monies, must be received by Business Services Office. Unspent funds will be deposited and credited to the appropriate FOAPAL or funding source. Any failure to comply with this requirement may cause denial of future requests for advances.

2. Meal per diem will be provided, in advance, for the approved travel party and will be funded to the approved traveling employee.

3. Maximum Meal allowance rates (for students) are as follows:

   Breakfast - $13.00 – If travel begins prior to 6:00 a.m.
   Lunch - $16.00 – If travel covers entire period between 11:00 a.m. and 2:00 p.m.
   Dinner - $26.00 – If travel is concluded after 6:00 p.m.

KCCD
KERN COMMUNITY COLLEGE DISTRICT

Kern Community College
District 2100 Chester Avenue
Bakersfield, CA 93301-4099

AP 7400 Use of Auto Form

☒ Bakersfield College
☐ Cerro Coso College
☐ District Office
■ Porterville College

Agreement for Use of Automobile on School Business

(This Form Must be Renewed Each Fiscal Year)

Fiscal Year
2025-2026

I hereby certify that I am licensed and have public liability, property damage, and medical insurance with coverage in the amounts required by the State of California to operate an automobile. I agree and understand that if approved by my supervisor for use of my private automobile while performing required duties, that the Board-approved mileage rate shall be deemed to be the actual expense of operating the automobile including gasoline, oil, and depreciation. This rate is determined by the Board of Trustees to be the actual travel expenses incurred by me in performing my duties. I understand when I drive a district vehicle or vehicle rented by the district for district business KCCD's insurance will serve as primary coverage in the event of an accident. However, when I drive my private vehicle for district business, my personal automobile insurance will serve as primary coverage in the event of an accident.

(Please attach copies of your Driver's License and Insurance certificate)

Signature of Employee/Student	Employee ID Number	Date
BLR	@ 00605112	09/29/2025
Type/Print Name Bryan Russell	Position/Title Professor	
Insurance Carrier Geico	Policy Number 4253264263	Driver's License Number B5285129

(Print Name of Supervisor)	
Andrea Thorson	
Signature of Supervisor	Date

Board Policy Manual

BP 7400 Staff Conferences and Meetings

Employees who are authorized and directed by the Chancellor or designee to attend educational conferences or meetings shall be reimbursed for expenses incurred. Out-of-country travel requires Chancellor or designee approval. See Procedure 7400 of this Manual for forms and procedures for attendance of conferences and meetings and for expense reimbursement.
https://employees.kccd.edu/employee-forms
The most economical mode of transportation shall be used. When a school car is not available and travel by private automobile is authorized, mileage shall be paid to the owner of the vehicle at the Board approved rate, mileage will be based upon most direct route. Receipt for commercial transportation shall be submitted with claim.

The Board approved rates for mileage reimbursements shall be the same as the guidelines used by the federal government (IRS).

BP 7400 Staff Transportation

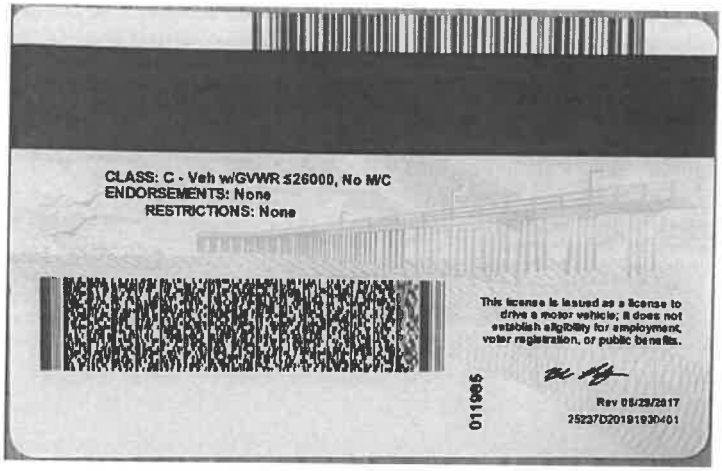
Employees whose duties necessitate in-district travel shall be paid for meals in accordance with the guidelines in Procedure 7400 and for the use of their cars at the Board approved mileage rate described in Policy 7400. Itemized claim statements must be presented to ensure payment of claims. All forms for employee/student travel can be found at https://employees.kccd.edu/employee-forms.

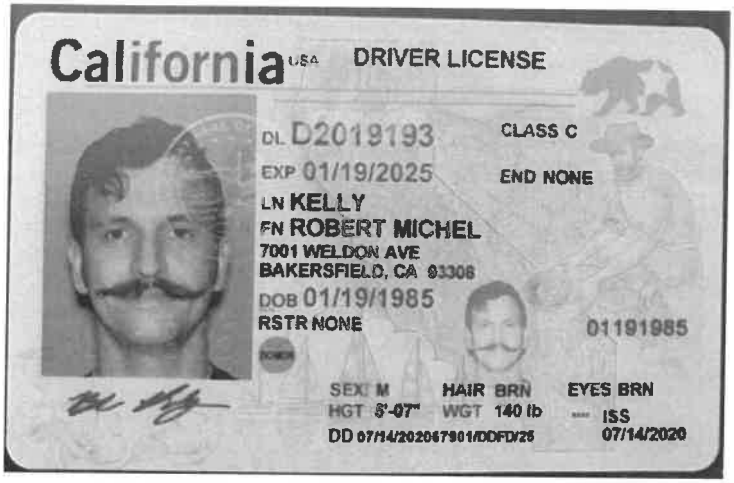
Private vehicles used for District business must be properly insured, currently registered, in safe and reliable working condition and appropriate for intended use. The employee shall certify that his/her automobile has public liability, property damage, and medical insurance with coverage amounts at least in accordance with the minimum requirements of the State of California.

Employees or students using either District or private vehicles for District business must be properly insurance and licensed. (See Policy 4300 for student transportation policies.) **If you are transporting students this form must be sent to: Trudi Blanco at Trudi.Blanco@kccd.edu**


California USA DRIVER LICENSE
DL B5285129
CLASS C
EXP 04/01/2030
END NONE
LN RUSSELL
FN BRYAN TANNER
23540 LAMBARA DR
VALENCIA, CA 91355
DOB 04/01/1979
RSTR CORR LENS
04/01/1979
SEX M
HGT 5'-11"
HAIR BRN
WGT 155 lb
EYES BLU
DD 03/27/202566243/B8FDV30
ISS 03/27/2025


CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: 01-Must wear corrective lenses when driving
This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.
040179
Rev 08/28/2017
25088B5285129040I1





GEICO

GEICO GENERAL INSURANCE COMPANY
PO BOX 9506
Fredericksburg, VA 22403-9506

1-800-841-3000

NAIC 35882

California Evidence of Liability Insurance

Policy Number	Effective Date	Expiration Date
4629394315	08/05/2025	02/05/2026

View All Active Drivers

Insured
ROBERT M KELLY
7001 Weldon Ave
Bakersfield CA 93308-7610

VIN 4S3GKAM60H3618524

Year	Make	Model
2017	SUBARU	IMPREZA

Emergency Road Service

Association for Practical and Professional Ethics
2961 W. County Road 225 S
Greencastle, IN 46135
Tel (765) 658-5015
E-Mail contact@appe-ethics.org

APPE
ASSOCIATION FOR PRACTICAL AND PROFESSIONAL ETHICS

INVOICE 3592	PO NUMBER	9/4/2025

BILL TO

Bryan Russell
Bryan Russell
Bryan Russell 23540 LAMPARA DRIVE
VALENCIA, CA 91355

MESSAGE

ITEMS	QUANTITY	UNIT PRICE	PAID
The 2025 Intercollegiate Ethics Bowl Regional Registration - Bryan Russell - Two-Year Regional	1	200.00	0.00
The 2025 Intercollegiate Ethics Bowl Regional Registration - Bryan Russell - Two-Year Regional	1	7.00	0.00
The 2025 Intercollegiate Ethics Bowl Regional Registration - 1st Team: APPE Program Participation Fee	1	150.00	0.00

SUBTOTAL	357.00
SALES TAX	0.00
SHIPPING & HANDLING	0.00
TOTAL	**357.00**
PAYMENT/CREDIT/WRITE OFF/DISCOUNTS APPLIED	(0.00)
TOTAL DUE BY 10/4/2025	**357.00**

Thank you for your business!

CURRENT	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	TOTAL OPEN INVOICE
357.00	129.19	0.00	0.00	486.19

APPE®
ASSOCIATION FOR PRACTICAL AND PROFESSIONAL ETHICS

Submit payment online here

Add trip insurance
Make it a worry-free trip

Get it (https

Quality Inn Schaumburg - Chicago near the Mall

600 North Martingale Rd, Schaumburg, IL 60173 | (847) 517-7737

Reservation information

Hotwire confirmation
-1983001860, -1983001856, -1983001852, -1983001846

Hotwire itinerary
5777693846

Booking date
Oct 15, 2025

Check-in
Fri, Nov 21 - 03:00pm

Check-out
Sun, Nov 23 - 12:00pm

Room
4 rooms (2 queen beds) | 6 adults

Nights
2 nights

Primary guest
Bryan Russell (Must be present upon check-in)

Price summary

Room
$592.00 ($74.00 per night x 2 nights x 4 rooms)

Taxes & fees
$184.32 ($92.16 per night x 2 nights x 4 rooms)

Trip total (USD)
$776.32

Trip total per night (USD)
$388.16

STUDENTS $582.24

ADVISORS $194.08

Policies and restrictions

This hotel may require guests to wear a face covering in indoor public spaces and common areas. All bookings are final. No refunds or changes. NOTICE: Some amenities and dining options may be limited or unavailable. Local City Taxes, Parking Fees, Pet fees, and Room deposits may apply at check-in. Masks may be required in public areas. Contact hotel directly for current details prior to arrival. Primary guest must be 21 and bring ID. Hotels will require a credit card when you check in; debit cards may not be accepted. You'll pay the hotel directly for additional charges, like room service or resort fees. Your selected bed type is guaranteed. Sometimes amenities may be closed for the season or for renovation, though we try to show what's currently available.

These are estimates of additional bag service charges that may apply to your itinerary. Service charges may vary by traveler, depending on status or memberships. First and second bag service charges do not apply to active duty-members of the U.S. military and their accompanying dependents. For additional information, visit united.com/baggage.

Purchase Summary

You paid today	$2,381.76
Card statement credit	-$300.00
Total after statement credit	$2,081.76
> Fare	$2,044.80
Taxes and Fees	**$336.96**
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
> Adult (18+)	$56.16
TOTAL	**$2,381.76**

Credit card payment: $2,381.76 (Visa **7207)

STUDENTS $1587.84 ADVISORS $793.92

Site Feedback

Travelers

Two-Year Regional Ethics Bowl

The Two-Year Ethics Bowl is open to any institution from a two-year college or university.

Important Information

Host Institution and location: Harper College (Palatine, Illinois)
Date: Saturday, November 22, 2025
Fee: $200
Contact: John Garcia (jgarcia@harpercollege.edu)
Registration info: Schools may register 1 team in the three-week registration period, and it will be open to 2nd teams following that waiting period.
Max number of teams: 16
Basic format: Four rounds and a final
Food provided: Lunch

Schedule and Logistics (coming soon)

- Agenda
- Location details, including parking instructions and a map
- Hotel group rates
- Regional rules, including:
  - Number of cases being used
  - Which cases (if any) were dropped
  - Any region-specific rules