

# Release from Liability, Behavior Standards, and Medical Consent Form

San Mateo County Community College District / Cañada College, College of San Mateo, Skyline College

Event Name \_\_\_\_\_

Date of Event \_\_\_\_\_

Event Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Event begins at \_\_\_\_\_ On \_\_\_\_\_

Event ends at \_\_\_\_\_ On \_\_\_\_\_

Sponsoring Group \_\_\_\_\_

Campus group participating \_\_\_\_\_

The undersigned agrees to the following:

1. The undersigned participant understands that some or all of the transportation to, from, or during this event may not be provided by the San Mateo County Community College District (SMCCCD) or by the campus organization sponsoring this event. The responsibility and liability for any transportation (other than that provided by the District such as by District vehicle or by a common carrier such as a regularly scheduled bus or airline) is the responsibility and liability of each individual participant, and each participant agrees to be responsible and liable for his or her own transportation arrangements.
2. The participant agrees to follow all College and District rules and regulations while traveling to and from this event, and while participating in this event. The participant expressly agrees not to consume alcohol or use any illegal substances or drugs whatsoever while involved in this event other than current prescription medications following appropriate dosages and cautions as outlined by a doctor or other medical professional.
3. If the participant requires emergency medical attention during this event, the participant or legal guardian signing below authorizes the SMCCCD, their officers, agents, and employees, to act to authorize or provide appropriate emergency medical treatment.
4. The participant agrees to save and hold harmless the SMCCCD, its officers, agents, and employees from any and all costs, liability, damages or expenses (including the cost of suit and expenses of legal services) or, by reason of any injury or damage to persons or property of any kind whatsoever, including even severe injury or death, arising as a result of the activities involved in this study/travel tour or event.
5. By completing and signing below, the participant agrees to all the provisions of this release of liability and warrants the he or she is at least 18 years of age or is of legal age in the State of California or has the permission to attend this event from his or her legal guardian who is of legal age. By completing and signing below, the legal guardian of the participant agrees to all the provisions of this release from liability and gives his or her full legal permission for the minor in their care to be a participant in this event.

Participant's Name \_\_\_\_\_ Participant's Age \_\_\_\_\_

Participant Currently Enrolled at: \_\_\_\_\_ Participants Student ID Number **G** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Signature of Legal Guardian (if under 18) \_\_\_\_\_

# STANDARDS OF BEHAVIOR FOR OFF-CAMPUS ACTIVITIES

Students of the San Mateo County Community College District are expected to conduct themselves admirably and with respect for others, as the actions of one individual can affect the reputation of the college and the campus organization participating in any off-campus event.

## Rules of Conduct & Behavior:

1. Alcoholic beverages or controlled substances are prohibited.
2. Use of profane, racial, homophobic, sexist or otherwise offensive language is not acceptable.
3. Fighting is prohibited.
4. Unless otherwise authorized, attendees are not to leave the conference premises without being accompanied by an advisor or his/her designee.
5. The San Mateo County Community College District Student Conduct and Due Process Policy, as listed in District Rules and Regulations and each respective college's college catalog shall be observed.

## Consequences of Unacceptable Conduct & Behavior:

1. Use of alcohol and/or controlled substances may result in removal from the activity or program and possible action by the College Disciplinary Officer as stated in the San Mateo County Community College District Student Code of Conduct and Due Process Policy.
2. Other violations will be dealt with as follows:
  - a. The first offense shall incur a warning and possible removal from the activity or suspension from the program, or further action by the College Disciplinary Officer.
  - b. Continued offenses shall result in a conference to determine further disciplinary action, which may include suspension from the activity or program, or further action by the College Disciplinary Officer.
  - c. In any case where the health, safety or welfare of students or other persons is jeopardized, the instructor/advisor may immediately suspend the student from the program.
3. In the event that a student is sent home, said student shall be required to either cover the expense or reimburse the sponsoring campus organization for the cost of travel, including changing the time and/or day of tickets.

I have read the Standards of Behavior listed above and agree to abide by them.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## MEDICAL CONSENT

In the event of any medical emergency, **participant does** \_\_\_\_\_ (initials) authorize and consent to any x-ray examination, anesthetic, medial, dental or surgical diagnosis or treatment and hospital care that the College program supervisor(s) deems necessary for the safety and protection of the Participant.

Name of Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Are you currently under a physician's care for any illness or injury (circle one):                      YES                      NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription drugs (circle one):    YES                      NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Person to be contacted in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read this Medical Consent and understand its terms. I execute it voluntarily with full knowledge of its significance.

\_\_\_\_\_  
Signature of Student or (if student is a minor) Parent or Guardian

\_\_\_\_\_  
Date