

**LOS RIOS COMMUNITY COLLEGE DISTRICT
AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK**

NAME: _____ STUDENT ID NUMBER: _____

CLASS/ACTIVITY: _____ INSTRUCTOR'S NAME: _____

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this form is necessary in order to participate in this class activity. I understand my decision to take this class or activity is optional and voluntary. This document cannot be altered or modified by any verbal or written statements.

I am aware that participating in this Los Rios Community College District (DISTRICT) class or activity can involve MANY RISKS OF INJURY including, but not limited to, property damage, bodily injury, personal injury and death.

In consideration of the DISTRICT permitting me to participate in the _____ class/activity, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability (whether based on negligence or otherwise) for injuries (including death) and damages arising out of or in any way related to the activity and/or class.

I understand that if this is/involves an excursion or field trip as defined by California Code of Regulations, Section 55220 that Section states in part:

“All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.
All adults taking out-of-state field trips or excursions and all parents or guardians of minor students taking out-of-state field trips or excursions shall sign a statement waiving such claims.”

By signing this Agreement, I hereby waive all such claims.

I understand and agree to accept all the rules and requirements of the activity and/or class, including safety rules and instructions given by the supervisory personnel. I understand, and agree, and grant to the DISTRICT the right to terminate my participation in the activity and/or class within the DISTRICT's or DISTRICT's employee's sole discretion. If applicable, I understand and agree that any costs associated with my return transportation shall be at my personal expense.

I consent to the DISTRICT providing emergency health assistance if it is determined necessary and further consent to the DISTRICT notifying the emergency contact (listed below) and agree that this liability release and assumption of risk agreement applies to any of the DISTRICT'S actions in this regard.

This agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this agreement

The following person should be contacted in case of an emergency: (please print)

Name Address Telephone No. ()

I/WE, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS AND THAT I/WE ARE VOLUNTARILY ASSUMING ALL RISKS AND WAIVING ANY AND ALL CLAIMS ARISING OUT OF OR IN ANY WAY RELATED TO THIS ACTIVITY AND/OR CLASS. I/WE AGREE THAT NO ORAL REPRESENTATIONS, PROMISES, OR INDUCEMENTS, NOT EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE AND THAT THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT PERTAINING TO THE SUBJECT MATTER CONTAINED HEREIN.

If participant is under 18, parent or guardian must sign.

SIGNATURE Date

PARENT OR GUARDIAN Date



Medical Consent Form

In the event of any medical emergency, I grant the College or any representatives on the trip full authority to take any action deemed necessary to protect my health and safety at my expense, including but not limited to, placing the Participant under the care of a doctor or in a hospital at any place for medical examination and/or treatment, or returning the Participant to their home city at his or her own expense if such return is deemed necessary after consultation with medical authorities.

(Initial one of the following statements):

_____ I am 18 years of age or older and am the Participant. My birth date is: _____

_____ I am the parent or legal guardian of the Participant who is under 18 years of age, to whom the above statements apply and for whose benefit I am executing the Agreement.

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

Signature of Participant or Participant's Parent or Legal Guardian

Date

Student I.D. #

Student Name

Address

Phone Number

In case of an emergency please contact: _____

Name

Relationship

Phone Number

Medical Insurance Carrier: _____

Policy Number: _____

Please List any prescription medication: _____



STUDENT TRAVEL – Standards of Conduct

Students who wish to travel with support and/or funding from American River College and any other related program per the “Student Travel Policy” must agree to this "Standards of Conduct." The form below must be completed and returned to the attending advisor prior to travel.

1. Be enrolled at ARC.
2. Have an attending faculty advisor and abide by their decisions while on the trip.
3. Be prompt with all timelines and deadlines.
4. Complete and turn in all required waivers to the attending advisor prior the trip.
5. Attend all meetings called by the attending advisor.
6. Represent yourself and the college in a positive and productive manner. Dress appropriately and remember you are a representative at all times.
7. Stay with the group you’re traveling with, keep others informed of your whereabouts, and look out for each other.
8. Remain in the trip/conference area (hotel, etc.) at all times. School funded travel is not the time to shop, tour, or vacation.
9. Act in a courteous manner, especially if you are sharing a room with others.
10. Use, sale or possession of a controlled substance and/or alcohol Is not permitted under any circumstance
11. I am understand that while traveling with the college, I am subject to the rules and regulations of the college, including the Student Standards of Conduct as written in the annual Student Rights & Responsibilities.

Print Name: _____ Student ID #: _____

Department/ Club/ Organization: _____

Travel Destination: _____

Travel Dates: _____

By signing, and submitting this form prior to travel, I agree to uphold the “Student Travel Policy” and “Student Travel Standards of Conduct.”

Signature: _____

Date: _____



LOS RIOS
COMMUNITY
COLLEGE
DISTRICT



PHOTO/VIDEO RELEASE

I hereby grant to the Los Rios Community College District and its colleges full and complete rights to the use of my image and voice (still photograph, audio or video recording), with or without the use of my name, in district and college print and electronic publications or productions promoting the district, its colleges and/or programs. This release is given without charge to or any remuneration from the Los Rios Community College District or its colleges.

I hereby release and agree to hold the Los Rios Community College District and its colleges free and harmless from any claims of copyright, libel, slander, invasion or violation of privacy or other similar rights that I may hold or assert.

Name (Print)

Signature

Date

For Office Use Only: