Student Release of Liability and Hold Harmless Agreement

Student Participant Name:		Student ID:
Departure Date(s) / Time(s):	Return Date(s)/ Time(s):	
Destination(s) and Description of Activity:		
Activity Coordinator:	Title:	Telephone:

The undersigned Student Participant or parent/guardian (if student participant is a minor) requests voluntary participation in the Activity. Student Participant understands that the District does not require the individual to participate in this Activity, but he/she chooses to do so, despite the possible dangers and risks and despite this Consent, Assumption of Risk, Release of Liability and Hold Harmless Agreement. Student Participant certifies that he/she is in good health, and has no medical, physical, or health condition that would prevent participation in the activity or pose a risk to the safety of others by participating. Student Participant agrees to advise SOCCCD in writing of any medical, physical or health conditions which may affect participation in the activity.

In consideration for permitting the Student Participant to engage in the voluntary activity(ies) conducted by South Orange County Community College District (SOCCCD), the Undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the Student Participant arising as a result of receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instruction may continue.

As stated in Title 5, California Code of Regulations, Section 55450, Student Participant understands and does hereby assume all of the above-mentioned risks which may arise out of or in connection with participation and associated activities.

Student Participant fully understands that he/she is to abide by all rules and regulations governing conduct during participation in the activity. Any violation of these rules and regulations may result in the Student Participant being dismissed from the activity with any expenses incurred being the responsibility of the Student Participant and/or his/her parents/guardian. Student Participant consents to being photographed while engaging in the activity and SOCCCD may use such photographs for any legal purpose without compensation to the Student Participant.

In the event of illness or injury, the Student Participant hereby consents to whatever x-ray examinations, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the participant, parent, or guardian. SOCCCD purchases a supplemental policy to cover student accidents only. This policy pays secondary to any primary coverage by which a Student Participant is covered, according to policy provisions and limitations. Students are eligible for health service on campus by payment of the required student health fee.

I understand the South Orange County Community College District may be providing transportation to and from Irvine Valley College or Saddleback College as part of its programs. By signing this Agreement, I understand if I choose to personally provide my own transportation it is at my sole expense. I understand and agree that the South Orange County Community College District is no way responsible, nor does the District assume liability for any injuries, losses, death, or any other adverse results that may occur from this non-District sponsored transportation.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against SOCCCD, Student Participant shall indemnify and save harmless SOCCCD or any of its officers, agents, employees, and volunteers from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF THE STUDENT PARTICIPANT BY SIGNING THIS AGREEMENT, TO HOLD HARMLESS, EXEMPT AND RELIEVE SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. THE STUDENT PARTICIPANT OR REPRESENTATIVE ACKNOWLEDGES THAT HE/SHE HAS READ THIS CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT AND MEDICAL TREATMENT AUTHORIZATION, AND WILL ABIDE BY THE STUDENT CODE OF CONDUCT. THE STUDENT PARTICIPANT FULLY UNDERSTANDS THESE TERMS AND THE LEGAL CONSEQUENCES OF SIGNING THE AGREEMENT, AND SIGNS THIS AGREEMENT FREELY AND VOLUNTARILY.

Student Participant's Signature	Student Participant's Name—Please Print	Date
Parent or Guardian Signature (if Participant is under 18)	Parent or Guardian Name—Please Print	Date

In case of emergency, please contact (optional):

Name	Email	Phone Number