

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT
RELEASE FROM LIABILITY

Name of District/College: San Mateo Community College District / Cañada College

Destination:

Departure Date & Time:

Return Date & Time:

Campus Sponsoring Organization:

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 SMCCD 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 other medications following appropriate dosages and cautions.
- 3) If the participant requires emergency medical attention during this event, the participant or legal guardian signing below authorizes the SMCCD, their officers, agents and employees act to authorize or provide appropriate emergency medical treatment.
- 4) The participant agrees to save and hold the SMCCD, its officers, agents and employees, harmless from any and all costs, liability, damage or expenses (including the cost of suit and expense 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 that 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 their 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 of liability and gives their full legal permission for the minor in their care to participate in this event.

PRINT FULL NAME OF PARTICIPANT: _____

PARTICIPANT'S AGE: _____

PARTICIPANT'S CURRENTLY ENROLLED AT: Cañada College

PARTICIPANT'S STUDENT ID NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: CA

TELEPHONE: _____

NAME AND PHONE NUMBER OF EMERGENCY CONTACT (Close Relative or friend who lives nearby)

CONTACT NAME: _____ PHONE: _____

HEALTH INSURANCE: _____ POLICY NUMBER: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____