



San Mateo County Community College District

(Cañada College, College of San Mateo, Skyline College)

Release from Liability, Behavior Standards, and Medical Consent Form

Participant's Name: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Participant's Home Phone: (_____) _____ Cell Phone: (_____) _____

Participant is Currently Enrolled at: _____

Participant's Age: _____

Participant's ID Number: G_____

E-Mail Address: _____

Event Name: _____

Date of Event: _____

Event Location: _____

Event Address: _____

Event City: _____ State: _____ Zip: _____

Event begins at: _____ on _____

Event ends at: _____ on _____

Sponsoring Group: _____

Campus Group Participating: _____

San Mateo County Community College District

RELEASE FROM LIABILITY

Event: _____ (the “Event”)

Date of Event: _____

Location of Event: _____

Sponsor’s Name: _____

Today’s Date: _____

1. I acknowledge that the risk of injury from the activities involved in the Event is significant, including the potential for a broken limb, paralysis and fatal injury, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury still exists;
2. I understand and acknowledge that the activities connected with the Event have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I expressly and voluntarily assume all risk of death or personal injury sustained while participating in the Event, whether or not caused by the San Mateo County Community College District, and its colleges, trustees, officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity (the “Released Parties”).
3. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation;
4. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;
5. I agree that I will not sue or make a claim against the Released Parties for damages or other losses sustained as a result of my participation in the Event;
6. I agree to defend, indemnify and hold the Released Parties harmless from all claims, judgments, and costs, including attorneys’ fees, incurred in connection with any action brought as a result of my participation in the Event;
7. I will take full responsibility for, and hold harmless the Released Parties, for any injury that I may suffer or inflict upon others or their property as a result of my participation in the Event;
8. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and waive all my legal rights with respect to the Released Parties in connection with any and all injury, disability, death, or loss or damage to person or property, to the fullest

extent permitted by law. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such liabilities which any may be incurred as the result of such claim.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE RELEASED ANY AND ALL CLAIMS AGAINST THE RELEASED PARTIES RESULTING FROM PARTICIPATION IN THE EVENT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature

Date

(If participant is under the age of 18, parent/legal guardian signature)

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that the University does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, the San Mateo County Community College District, acting through its employees or agents, has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the San Mateo County Community College District, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Further, the undersigned hereby certifies that he/she has sufficient personal health insurance to cover any activity related injury or illness.

Printed Name of Participant: _____

Participant Signature: _____

Printed name of Parent or Guardian if participant is under 18: _____

Signature of Parent or Guardian if participant is 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