



SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND MEDICAL TREATMENT AUTHORIZATION

Participant Name:	E-mail:	Telephone Number:
Emergency Contact Name:	E-mail:	Telephone Number:
Date(s) of Event/Activity/Trip:	Time(s) of Event/Activity/Trip:	
Location (Include Address):		
Description of Event/Activity/Trip:		

VOLUNTARY PARTICIPANT ACKNOWLEDGEMENTS

I am requesting voluntary participation in the above mentioned event/activity/trip. I understand that South Orange County Community College District (District) does not require my participation in this event/activity/trip, but I choose to do so, despite the possible dangers and inherent risks. I understand that these risks may include personal injury, illness, permanent disability, dismemberment, or even death to myself.

I understand the District may or may not be providing transportation to and from this District sponsored event/activity/trip. By signing this form, I understand if I choose to personally provide my own transportation for the aforementioned event/activity/trip, I do so at my sole expense and discretion. I also agree to hold the District, its Board of Trustees, officers, agents, employees, and volunteers harmless from any accident, injuries, losses, or death resulting from the use of my own transportation.

In the event that I am injured or become ill due to my participation in the above mentioned activity, I hereby authorize and consent to x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, emergency medical treatment, or hospital care from a licensed physician and/or surgeon, as well as emergency transportation as deemed necessary for my safety and welfare. I understand that all resulting expenses will be my responsibility.

I fully understand that I am to abide by all rules and regulations, including but not limited to, District policies and procedures governing conduct during participation in the above mentioned event/activity/trip. I shall adhere to Board Policy (BP) and Administrative Regulation (AR) 5401 - Standards of Student Conduct, as well as any applicable Saddleback College/Irvine Valley College Student Codes of Conduct. Any violation of these rules and regulations may result in my dismissal from the activity with any expenses incurred being my responsibility.

I hereby waive any right to inspect or approve the use of any film, images and/or recordings taken during my participation in the above mentioned activity. I give my permission to the District to reproduce, use, exhibit, display, broadcast such film, images, and/or recordings on social media or otherwise. I also waive any right to compensation arising from or related to the use of the images, recordings, or materials.

To the extent permitted by law, I, or my heirs, executors, administrators or assigns shall hold harmless the District, its Board of Trustees, officers, agents, employees, and volunteers from any and all claims or causes of action, including but not limited to property damage or personal injury, illness, permanent disability, dismemberment, or even death occurring to myself as a result of my sole negligence and willful misconduct.

PARTICIPANT OR PARTICIPANT'S PARENT/LEGAL GUARDIAN (IF PARTICIPANT IS UNDER THE AGE OF 18) ACKNOWLEDGES THAT THEY HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THESE TERMS AND THE LEGAL CONSEQUENCES, FREELY AND VOLUNTARILY SIGNS THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND MEDICAL TREATMENT AUTHORIZATION FORM.

Parent/Legal Guardian's Name (if Participant under 18)	Participant or Parent/Guardian Signature:	Date:
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FOR OFFICIAL SOCCCD USE

Coordinator's Name (Print):	Coordinator's Email & Phone:	Date:
Program Administrator/Manager Name (Print):	Administrator/Manager Signature:	Date:

INSTRUCTIONS FOR COMPLETING THIS FORM
ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND MEDICAL TREATMENT AUTHORIZATION

STEP 1: This form is to be completed by an individual ("Participant") who wishes to voluntarily attend and take part in a District-sponsored event, whether on or off campus.

STEP 2: The Participant shall give their completed form to the District employee ("Coordinator") who is organizing this event/activity/trip ("event").

STEP 3: The Coordinator shall then complete the "FOR OFFICIAL SOCCCD USE" section, obtaining the authorized signature of their Administrator or Manager.

STEP 4: Prior to the event date, the Coordinator shall email fully signed forms to the Office of Risk Management at RiskManagement@socccd.edu. During the event, the Coordinator must keep a copy of completed forms accessible.

NOTE:

- If Participant has any medical conditions or special needs, then Participant must submit a written accommodation request to the Coordinator.
- This form is not for students participating in events/activities deemed Field Trips, Excursions, and Field Study Courses as defined in Board Policy (BP) and Administrative Regulation (AR) 6125 (see RM#22).