



**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:		

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 ACKNOWLEDGES THAT SHE/HE HAS READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTANDS THESE TERMS AND THE LEGAL CONSEQUENCES, FREELY AND VOLUNTARILY SIGNS THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND MEDICAL TREATMENT AUTHORIZATION FORM.

INDIVIDUALS WHO ARE UNDER THE AGE OF 18 SHALL HAVE THEIR PARENT/LEGAL GUARDIAN COMPLETE AND SIGN THIS FORM.

Participant or Parent/Legal Guardian’s Name (Print):	Signature:	Date:
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OFFICIAL SOCCCD USE

Activity Coordinator’s Name (Print):	Signature:	Date:
Program Dean/Director’s Name (Print):	Signature:	Date:

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

This form is to be completed by an individual who voluntarily wishes to participate in a District sponsored event/activity/trip on or off campus.

Activity Coordinator (College employee coordinating this event/activity) and Program Dean/Director shall print or type in their name, telephone number, and sign this form under “OFFICIAL SOCCCD USE”.

Note: This form is not for Board approved volunteers. This form should not be completed and signed for events/activities as defined in BP and AR 6125 - Field Trips, Excursions, and Field Study Courses (Please use FS#60 - Voluntary Field Trip/Excursion/Field Study Course Waiver and Medical Treatment Authorization).

Voluntary participant shall submit to the Activity Coordinator, a written accommodation request related to any medical conditions or special needs prior to signing this form.

Please provide a completed and signed original form to the Program Dean/Director and a copy to Risk Management at riskmanagement@socccd.edu. A copy shall be retained and accessible by the Activity Coordinator during the event/activity/trip.

Should you have any questions with regards to this form or when this form is applicable to your event/activity/trip, please contact the Office of Risk Management at riskmanagement@socccd.edu.