# Voluntary Activity Consent, Assumption of Risk, Release of Liability and Hold Harmless Agreement

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| Participant Name: _____ | | Student ID: _____ |
| Departure Date / Time: 10/18/17 3:00pm 12/06/17 10:00am | Return Date/ Time: 10/18/17 7:00pm 12/06/17 1:00pm | |
| Destination and Description of Activity: Photo Field trips: Heisler Pk 375 Cliff Dr. Laguna Beach, Lyon Air Museum 19300 Ike Jones Rd, Santa Ana | | |
| Activity Coordinator: Laura Hoffman | Title: Associate Faculty | Telephone: (949) 582-4835 |

The undersigned Participant or parent/guardian (if participant is a minor) requests voluntary participation in the Activity. 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. 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. 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 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 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, 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.

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 Participant being dismissed from the activity with any expenses incurred being the responsibility of the Participant and/or his/her parents/guardian. Participant consents to being photographed while engaging in the activity and SOCCCD may use such photographs for any legal purpose without compensation to the Participant.

In the event of illness or injury, the 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 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.

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, 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.

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**IT IS THE INTENTION OF THE 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 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 PARTICIPANT FULLY UNDERSTANDS THESE TERMS AND THE LEGAL CONSEQUENCES OF SIGNING THE AGREEMENT, AND SIGNS THIS AGREEMENT FREELY AND VOLUNTARILY.**

_____ _____ _____

Participant's Signature | 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:**

_____ _____ _____

Name | Email | Phone Number