



**SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT
ASSUMPTION OF RISK, RELEASE OF LIABILITY, MEDICAL TREATMENT AUTHORIZATION,
INDEMNITY, AND ACKNOWLEDGMENT AGREEMENT**

Participant Name:	Student ID # (if applicable)	E-mail:	Telephone Number:
Participant's Home Address:			
Emergency Contact Name:		E-mail:	Telephone Number:
Date(s) of Event/Activity/Trip:		Time(s) of Event/Activity/Trip:	
Location of Event/Activity/Trip (Include Address):			
Description of Event/Activity/Trip:			

Disclaimer

There are inherent risks associated with the attendance and/or participation of South Orange County Community College District (hereinafter referred to as "District") events/activities/trips, especially now due to the Coronavirus/COVID-19 pandemic (hereinafter referred to as "Pandemic"). Attendance and/or participation in the above mentioned event/activity/trip carry with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries/illnesses. The risks may vary from one participant to another, and may range from minor injuries such as scratches or bruises, to severe injuries such as concussions, broken bones, or infection with a communicable disease. Participants must acknowledge all risks as a condition of attendance and/or participation.

Assumption of Risk

I, the undersigned, hereby request to be permitted to attend and/or participate in the above mentioned event/activity/trip whether on or off campus. I understand that my attendance and/or participation is voluntary. I have read the previous paragraph and know, as well as understand these and other risks, which are inherent in the event/activity/trip mentioned above. I hereby acknowledge that my participation is with awareness of these risks, and that I knowingly assume all such risks.

Release of Liability

I, the undersigned, acknowledge that if granted permission to attend and/or participate in the event/activity/trip mentioned herein, I may be exposed to hazards including but not limited to the potential infection of COVID-19 or other communicable diseases, and I therefore for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the District, its officers, employees, agents, and/or volunteers from liability and any and all claims including the negligence of the District, its officers, employees, agents, and/or volunteers resulting in personal injury, accident, or illnesses (including death) and property loss arising from, but not limited to, attendance and/or participation in the event/activity/trip described herein.

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 and release all parties from all liability from any accident, injuries, losses, or death resulting from the use of my own transportation.

Authorization and Compensation Waiver - Film/Images/Recordings/Materials

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.

Medical Treatment Authorization

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 deemed necessary for my safety and welfare. Furthermore, I also authorize and consent to emergency transportation if medically necessary and warranted. I understand that all resulting expenses will be my responsibility.

Hold Harmless and Indemnification

I also agree to hold harmless and indemnify the District, its Board of Trustees, officers, agents, employees, and volunteers from any and all claims, actions, suits, procedures, cost, expenses, damages, and liabilities, including attorney’s fees, which may be brought as a result of my involvement in the above mentioned event/activity/trip. This Agreement may be plead as a full and complete defense to any claim or suit brought after its effective date, and concerning any damages arising during the event/activity/trip as set forth herein.

Acknowledgment and Understanding - District Policies and Code of Conduct

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, and any other applicable District BPs and ARs, as well as Saddleback College/Irvine Valley College specific 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.

Acknowledgment of Conditions Pertaining to Coronavirus/COVID-19 Pandemic

I further understand, acknowledge, and expressly agree that my attendance and/or participation in the event/activity/trip mentioned above is subject to the reasonable rules and regulations of the District, including those regulations adopted expressly for the purposes of mitigating exposure to viral pathogens and specifically to prevent the transmission of COVID-19. I understand and agree that I will comply with reasonable requirements relating to social/physical distancing and maintaining a face covering while engaged in the above mentioned event/activity/trip, especially while on District owned, rented, or leased property. I further agree to cooperate with reasonable non-invasive screening procedures to ensure that the environment remains as safe and healthy as may be expected under the circumstances. I understand that the District may revoke its consent to my attendance and participation at any District approved off-campus and/or on-campus District owned, rented, or leased location if I refuse to abide by these rules.

In the event, I refuse or fail to comply with the protective regulations implemented by the District and/or rented or leased site to prevent the exposure and spread of Coronavirus/COVID-19, I understand that in accordance with the provisions of California Penal Code Section 626.4, I may be required to immediately leave the District’s owned, rented, or leased property and to refrain from returning to the grounds for at least fourteen (14) days. I understand that the District holds the sole discretion to determine if my presence and/or participation on District grounds poses a threat to life and property, and/or interferes with the peaceful conduct of the instruction and/or District sponsored activities hosted on the District’s owned, rented, or leased property. I further acknowledge that my failure to leave the District’s owned, rented, or leased property immediately upon being asked to vacate, and/or return to the District’s owned, rented, or leased property within 14 days after leaving, I may be subject to a misdemeanor charge and may be punished by a fine not exceeding Five Hundred Dollars (\$500), by imprisonment in the County jail for a period not more than six months, or by both fine and imprisonment, pursuant to Section 626.4 of the Penal Code.

Severability

I, the undersigned, further expressly agree that the foregoing release of liability and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding

I, the undersigned, have read this Assumption of Risk, Release of Liability, Indemnity, Medical Treatment Authorization, and Acknowledgment Agreement and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Agreement freely and voluntarily. I have read the previous paragraphs and know, as well as understand these and other risks, which are inherent in the event/activity/trip mentioned above. I hereby acknowledge that my attendance and/or participation is with awareness of these risks, and that I knowingly assume all such risks. I, the undersigned, intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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

Participant or Parent/Legal Guardian of Participant’s Signature:	Date:
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OFFICIAL COLLEGE USE

Instructor/Faculty Advisor’s Name (Print):	Signature:	Date:
Administrator’s Name (Print):	Signature:	Date: