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**GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

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*For Students*

**Caution: This is a release of legal rights. Read and understand it before signing.**

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I, \_\_\_\_\_, ID/MEID# \_\_\_\_\_, freely choose to participate in the \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

**RISKS INVOLVED IN PROGRAM:** (Specific hazards in this Program's activity.)

**Possible hazards and/or risks associated with participation in this activity are as follows:** bodily harm and/or injury resulting from exposure to heat, cold, or rainy weather conditions; extensive walking, possible stair climbing, and possible exposure to wet sidewalks; damage or loss of personal property; extended period of sitting; possible exposure to food allergens depending upon certain individual's medical and health conditions; possible injury and/or death during outdoor/nature events while participating in this event.

**HEALTH AND SAFETY:** I understand it is my responsibility to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Participant

Date

Signature of Parent/Legal Guardian (if student is a minor)

Date

## Student Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student ID Number/MEID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of High School Currently Attending \_\_\_\_\_

Grade \_\_\_\_\_

Maricopa Early College Program you are currently attending (check one box):

ACE      Adult ACE      Hoop of Learning      Dual Enrollment      TRiO

Maricopa College you are currently attending (Check one box):

Chandler-Gilbert	Estrella Mountain	GateWay	Glendale	Mesa
Paradise Valley	Phoenix College	Rio Salado	Scottsdale	South Mountain



**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT**  
2411 West 14<sup>th</sup> Street, Tempe, AZ 85281-6942

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**TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

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*For Students*

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I, \_\_\_\_\_, ID/MEID# \_\_\_\_\_, freely choose to participate in the \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

**SPECIFIC HAZARDS OF TRAVEL:** (List all specific dangers endemic in this Program's area of travel.)

**Possible injury and/or death during transportation to/from this activity.**

**INSTITUTIONAL ARRANGEMENTS:** I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

**INDEPENDENT ACTIVITY:** I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

**HEALTH AND SAFETY:** I understand that it is my responsibility to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I

sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if student is a minor)

Date

**Maricopa County Community College District  
Student Behavioral Contract  
Rules and Responsibilities**

This trip is funded by the college. As a college-funded activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Maricopa County Community College District for in-state and out-of-state travel. Participants are also required to follow the policies and procedures set forth by the college, district, and the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging and registration) are provided by the college. Participants are responsible for their own snacks, souvenirs, and personal expenses.

**A. Adherence to Policies and Procedures**

All participating students will be required to adhere to established policies and procedures. The "honor system" will apply to all aspects of this trip. This means that you regulate your own behavior and discourage others from actions that violate district policies and procedures as well as this contract.

**B. Participation in Activities**

All attendees are required to participate in each activity listed on the daily agenda. No deviations to the schedule will be made by students without the approval of their advisor(s). Participants are expected to respect the time and effort of others by being on time and actively participating in all scheduled activities.

**C. Use of Drugs and/or Alcohol**

The use of non-prescription drugs and/or alcohol is strictly forbidden according to the policies of the Maricopa County Community College District.

**D. Behavior**

As students as well as members and/or officers of a student organization or athletic team, participants are expected to conduct themselves in a manner which

1. reflects positively on themselves, the club/organization/team, the college, and the district
2. reflects commitment to integrity in personal, social and academic involvements, and
3. is respectful of others and worthy of respect from others.

**E. Dress**

Participants are expected to dress appropriately for any and all occasions.

Any student violating this behavioral contract may be sent home and may be required to reimburse the college for the full cost of the trip. In addition, any student violating this behavioral contract will be subject to further discipline as outlined in the Student Code of Conduct. Furthermore, officers and athletes may be removed from the student organization or team. I have read the above provisions and agree to abide by them for the entire duration of this college-sponsored trip.

Student's Printed Name	College	Activity or Program
Student Signature	Date	



I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:

- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian

Signature (if under 18) : \_\_\_\_\_ Witness: \_\_\_\_\_

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**(Complete the following if intended use includes broadcasting)**

In addition, I authorize the Maricopa County Community College District, and those acting under its authority, to broadcast my participation, appearance or performance on Maricopa Colleges Television ("MCTV") facilities in Maricopa County and on any television stations licensed to MCTV. None of the stations are commercial stations. The number of broadcasts will not exceed \_\_\_\_\_ during the 12 months following the date of my appearance or performance. MCTV may edit the recording of my performance to meet time requirements and may play such recordings in whole or in part to meet its schedule. MCTV will cease using any edited recording upon my objection to it in writing. MCTV may use my name, photograph, biographical information and short excerpts of my appearance or performance for promotional use without my inspection or approval of the finished product. I understand that I will not receive any compensation for the distribution of my appearance or performance through MCTV. I also understand that MCTV is not obligated to broadcast or distribute my appearance or performance, and that any use that MCTV may make of my appearance or performance is at its sole discretion.

☐ I am / ☐ I am not the owner of the intellectual property in the work that I performed or will perform ("Work").  
The name and description of the Work that I own is: \_\_\_\_\_

As the owner, I give MCTV a nonexclusive license to use the Work or excerpts of the Work as performed by me for broadcast on MCTV at no additional cost beyond any fees that the Maricopa County Community College District has paid or will pay me for my appearance.

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian

Signature (if under 18) : \_\_\_\_\_ Witness: \_\_\_\_\_

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*The Maricopa County Community College District will provide the signer with one copy of the tape of the appearance or performance at no charge, if requested. Additional copies may be requested for a charge.*

MC-TRF (04/27/16)

Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa  
Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain



# MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 West 14th Street, Tempe, AZ 85281-6942

## Student Emergency Information Form

Name of Activity \_\_\_\_\_ Date \_\_\_\_\_

Student's Name\* \_\_\_\_\_

Student ID Number or Social Security Number\* \_\_\_\_\_

Student Home Phone\* \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Email Address \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

	Yes	No	Are there any medical conditions that you would like us to be aware of?
History of Diabetes or Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies to Sulfa, Penicillin, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Permission to Administer Anesthetic?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you need any special accommodations (wheelchair accessibility, sign language interpreter, vegetarian meals, etc)?

\_\_\_\_\_  
\_\_\_\_\_

I understand that MCCCCD employees are not authorized to dispense, store or hold in possession student medications (i.e. insulin, epi-pens, inhalers, etc.), including but not limited to all other prescription medication, non-prescription medication, vitamins and supplements. Students are permitted to carry and self-administer medication for asthmatic, diabetic or severe allergic reaction (anaphylaxis). Special storing mechanisms (i.e. coolers) for medications must be provided by the student. I further authorize MCCCCD/\_\_\_\_\_ (insert college) to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

\_\_\_\_\_  
Parent/Guardian Signature\*

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

*The original copy of this completed form must be in the possession of the instructor/staff member on the trip  
A copy of this this completed form is to be in the possession of the Early College Programs office prior to the trip.*