



# **Solano Community College**

## **Agreement to Participate, Release and Assumption of Risk**

Name: \_\_\_\_\_ Course: \_\_\_\_\_

### Health Information

Special health problems that should be noted, for example: heart problems, diabetes, epilepsy, high blood pressure, allergies, etc: \_\_\_\_\_

List any prescription drugs you take: \_\_\_\_\_

Medical Coverage: \_\_\_\_\_ Group# \_\_\_\_\_ Member# \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Release and Assumption of Risk

Should it be necessary for me to have medical treatment while participating in any part of the Solano Community College travel course and I am unable to choose for myself, permission is hereby given to the Solano Community College district personnel to use their judgment to obtain medical service for me. I also give my permission to the physician selected by the SCC district personnel to provide such service. I understand that Solano Community College District has no insurance covering such medical or hospital costs incurred for me; therefore, any costs incurred for such treatment shall be my sole responsibility.

I understand that a medical clearance on any of the above may be required; and that if any reasonable accommodation provided to me is deemed unsatisfactory, my continued participation may be denied. I understand, further, that discontinuance of my participation in the travel course as a result of my medical condition or as a result of my personal decision will not entitle me to a reimbursement of travel expenditures paid.

Pursuant to the California Code of Regulations, Subchapter 5, Section 44540, I understand that by participating in this field trip/excursion I waive my rights for any claim for damage or injury against the District and the State of California. I hereby voluntarily assume all risks associated with the participation in this course and agree to exonerate and save harmless SCCD, their officers, agents, servants, and employees from any and all liability, claims, causes, action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in this course. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and SCCD; its officers, agents, servants and employees in connection with my activities at SCCD, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

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

Student Identification Number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(if student us under 18 years of age)