

CHIPOLA COLLEGE
AGREEMENT FOR OFF CAMPUS COLLEGE ACTIVITY

(PLEASE PRINT)

STUDENT / PARTICIPANT NAME

DEPARTMENT & COURSE

STUDENT ID NUMBER

DATE OF BIRTH

To Students and their Parents:

The two agreements below are designed primarily to protect our group members in the event that an emergency might require the immediate action parents would take if they were present and also, as a necessary precaution, to protect Chipola College from claims which might be made by members of the group and their parents.

In the years the college has been sponsoring off campus activities, incidents of the type covered by these agreements have been negligible. However, parents would not wish their sons or daughters to join a group under the auspices of an organization which disregarded even the remotest contingency.

We recommend that you read the provisions of this agreement carefully and if not fully understood, please consult with your attorney.

RELEASE

As a student/participant of Chipola College, I do willingly execute this release in the consideration of the educational benefit to be derived by me by my participation in (specify the type of activity and duration)_____. I hereby release from liability and hold Chipola College harmless from any and all claims and causes of action which might be brought by me or my parents or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Chipola College. It is understood that Chipola College as used herein shall include the employees, administrators, agents, and Board of Trustees of Chipola College.

DATE

SIGNATURE OF STUDENT / PARTICIPANT

FOR STUDENTS/PARTICIPANTS UNDER THE AGE OF 18:

I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.

DATE

SIGNATURE OF PARENT OR GUARDIAN

If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP
****Wendy Phippen at 850-718-2269 or pphippenw@chipola.edu****

**CHIPOLA COLLEGE
PERMISSION FOR EMERGENCY TREATMENT**

STUDENT / PARTICIPANT NAME

STUDENT ID NUMBER

I / We hereby authorize the appointed representative(s) of Chipola College to obtain and authorize medical treatment as is necessary to protect the well-being of myself/my child, including authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary.

Further, I / We do hereby release and agree to hold harmless Chipola College and its representatives from any and all claims which may arise from said medical treatment.

SIGNATURE OF STUDENT / PARTICIPANT

DATE

FOR STUDENTS / PARTICIPANTS UNDER THE AGE OF 18:

I hereby certify that all of the above information given is true and accurate.

SIGNATURE OF PARENT OR GUARDIAN

DATE

NOTE: On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states students under 18 years of age might not be administered an anesthetic or operated upon without the written consent of the parent or guardian, we request that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.

Emergency Medical Information:

Do you suffer from any of the following conditions:

____ Allergies ____ Asthma ____ Convulsions ____ Heart Trouble
____ Diabetes ____ Fainting Spells ____ Bleeding Disorders ____ Other (list)

Do you wear: ____ Contact Lens ____ Dentures

Are you currently taking any medications? (Please list) _____

If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP
****Wendy Pippin at 850-718-2269 or pippinw@chipola.edu****

**CHIPOLA COLLEGE
EMERGENCY CONTACT INFORMATION**

This document and its contents constitute a student record and are exempt from public records under 1002.22 and 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's / Participant's and/or Parent's consent.

STUDENT / PARTICIPANT NAME

STUDENT ID NUMBER

ADDRESS:_____

HOME PHONE:_____

ALTERNATE PHONE:_____

E-MAIL:_____

EMERGENCY CONTACT:

NAME:_____

RELATIONSHIP:_____

PHONE #:_____

ALTERNATE PHONE:_____

ADDRESS:_____

E-MAIL:_____

I hereby certify that all of the above information given is true and accurate.

SIGNATURE OF STUDENT / PARTICIPANT

DATE

FOR STUDENTS / PARTICIPANTS UNDER THE AGE OF 18:

I hereby certify that all of the above information given is true and accurate.

SIGNATURE OF PARENT OR GUARDIAN

DATE

***This information shall be only disclosed to a healthcare facility should the student / participant require medical services and is unable to personally convey the information to the medical service provider.**

If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP

****Wendy Pippen at 850-718-2269 or pippenw@chipola.edu****

**ASSUMPTION OF RISK FORM FOR OFF CAMPUS TRAVEL
CHIPOLA COLLEGE
STUDENT ACTIVITIES**

NAME: _____ STUDENT NUMBER: _____
(Please Print Or Type)

ADDRESS: _____

PHONE: _____

CAMPUS ORGANIZATION TRAVELING WITH: _____

DESTINATION: _____

PURPOSE: _____

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

OFF CAMPUS TRAVEL RULES

1. Obey advisor(s) at all times.
2. Do not leave the hotel and/or conference site without the advisor(s) permission.
3. Attend all required meetings unless the advisor(s) allow otherwise.
4. Remember that possession, sale, or consumption of alcoholic beverages on campus, or at off-campus college-sponsored activities is prohibited. Students found to be in violation of this college policy (BOT Policies 3.370 and 4.280) will be subject to penalties under the provisions of the Disciplinary Procedures as outlined in the Student Rights & Responsibilities, Code of Conduct.
5. Follow all house rules of the hotel and/or conference site.
6. Represent yourself and Chipola in a favorable manner.

I have read and understand fully the above rules pertaining to off campus travel, and agree to abide by these rules to the best of my ability. Furthermore, I understand that there are certain risks involved in traveling off campus and I am willing to assume responsibility for these risks. I also understand that I will be held responsible for any property damage on this trip that might result from my neglect or misuse.

SIGNATURE: _____ **DATE:** _____

ADVISOR(S) SIGNATURE: _____ **DATE:** _____

If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP
****Wendy Pippen at 850-718-2269 or pippenw@chipola.edu****