



Field Trip / Activity Release of Liability Agreement and Medical Consent

I, the undersigned, request participation in the _____ activity which will be held
(Name of Event/class)
_____ sponsored by Modesto Junior College _____ (hereinafter referred to
(Date of trip) (Department/Division/ClubName)
as the "activity").

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my participation in the activity.

I certify that I am in good health and have no medical condition preventing my safe participation in this club activity. I agree to use my personal medical insurance and consent to emergency medical treatment in the event such care is required.

In consideration for Modesto Junior College allowing me to participate in the activity, I hereby waive all claims or causes of action against the Yosemite Community College District; Modesto Junior College, its auxiliary organizations, and the officers, employees, volunteers, and agents of each of them arising out of my participation in the activity and hereby release from all liability in connection therewith.

In the event of an emergency, I grant to Modesto Junior College or any of its representatives on the trip the full authority to take action deemed necessary to protect my health and safety at my expense, including but not limited to placing the Participant under the care of a doctor or in a hospital at any place for medical examination and/or treatment, or returning the Participant to their home city as his/her own expense if such return is deemed necessary after consultation with medical professionals.

I have read this release or liability agreement and medical consent and understand the terms used in it and their legal significance. This release of liability is freely and voluntarily given with the understanding that right to legal recourse against the Activity Contact and Facility Owner is knowingly given up in return for allowing my participation in the club activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

(Initial one of the following statements):

_____ I certify that I am 18 years of age or older and the participant.

_____ I am the parent or guardian of participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing this agreement.

Adult Participant's signature	date	
Participant's Name (print)	(Area code) Phone number	
Parent's signature *(required for participants under 18)	date	
Participant's Address	City/State	Zip

Emergency Contact Information

Student Name: _____

W _____
Student ID Number Date of Birth Home Phone Cell Phone

_____ Relationship

_____ Address City State Zip

_____ Phone Number Cell Phone / /Work Phone

Medical Information / Consent

_____ Physician's Name Phone Number

_____ Insurance Company Policy / Group Number

_____ Address Phone Number

_____ Allergies / Special Health Considerations

MEDICAL CONSENT In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____ Student Signature

_____ Date