

Mesa Community College Student Life & Leadership Student Travel Packet

FULL NAME OF STUDENT



**MESA
COMMUNITY COLLEGE**
A MARICOPA COMMUNITY COLLEGE

CONTENTS:

- Student Emergency Information Form
- MCCCD General Assumption of Risk
- MCCCD Travel Assumption of Risk
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Student Life and Leadership
Mesa Community College
Southern/Dobson Campus
1833 W. Southern Ave.
Mesa, AZ 85202 (480) 461-7285

Student Life and Leadership
Mesa Community College
Red Mountain Campus
7110 E. McKellips Road
Mesa, AZ 85207 (480) 654-7759

Official Use Only

Date Received: _____

Date Verified: _____

Staff Initials: _____



Mesa Community College Student Emergency Information Form

** indicates mandatory information*

Name of Activity _____ Date _____

Student's Name* _____

Student ID Number * _____

Student Cell Phone* _____ **Student Home 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 accessible transportation, sign language interpreter, vegetarian meals, etc)?

I further authorize MCCC/D/Mesa Community 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.

Signature* _____ **Date*** _____

Parent Signature (If student is under 18) _____ Parent Name (please 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 completed form is to be in the possession of the Student Life & Leadership Office prior to the trip.



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

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 _____, 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 dangers endemic in this Program's activity.)

HEALTH AND SAFETY: I have been advised 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.

College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. 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. 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 Program Participant

Date

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

Date



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY

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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 _____, 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: (Specific dangers endemic in this Program's area of travel.)

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 have been advised 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.

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 COLLEGES
STUDENT BEHAVIOR CONTRACT**

PURPOSE OF CONTRACT

This contract has been developed to clarify the roles and responsibilities of any student attending a MCCCCD-sponsored event.

LEADERSHIP BEHAVIORS THAT ARE EXPECTED:

1. Treat everyone with respect and dignity.
2. Participate in all activities. Learn new skills.
3. Be team-oriented.
4. Help others when requested.
5. Treat the environment appropriately.
6. Have fun!

BEHAVIORS THAT WILL NOT BE TOLERATED:

1. Drinking alcohol.
2. Using illicit drugs.
3. Exhibiting inappropriate behaviors (ie fighting, public display of affection, profanity).
4. Intolerance of diversity.
5. Leaving without advisor's approval.
6. Infringing on the rights of others.
7. Driving a personal vehicle without prior permission.

I have read this contract and will act in an appropriate manner for the duration of this event. If I have a concern or problem, I will locate an advisor for immediate assistance.

Inappropriate behavior may lead to my being sent home, at my own expense, if deemed necessary by my college advisor, and may require reimbursement of travel expenses from my personal finances.

Student's Name (print)

Student's Signature

Campus

Date



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

PERMISSION TO BE PHOTOGRAPHED

I authorize the Maricopa Community Colleges (including its colleges and related entities) to photograph me and to use the photographs for educational or promotional purposes in any type of media. The photographs may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorization.

Signature: _____

Printed Name: _____

Date: _____

Parent's Signature: _____