College For A Weekend Waiver Form

Name:_____ M ☐ F ☐

Phone: (_____)_____

Email:_____

Student Grade:_____

Address:_____

City: _____State: _____ Zip:_____

List drug allergies, medical conditions, medications being taken, or special needs:

_____
_____
_____
_____
_____

Insurance Information:

_____

Policy Number:

_____

As the Parent/Guardian(s) of the above student, I consent to my child's participation. I have carefully read the waiver and medical release information in the "sponsored program release form" and understand and voluntarily agree to be bound by its provisions.

Parent/Guardian Signature:_____

SAN DIEGO
CHRISTIAN COLLEGE

Sponsored Program Release Form

I, _____am participating in College for a Weekend (CFAW) and
(STUDENT NAME) agree to the following:

I understand that San Diego Christian College (SDC) and the above program have no obligation to provide health, accident, disability, or hospitalization insurance for participants.

I authorize any representative of SDC to secure emergency medical and/or dental treatment if I am injured or become ill while participating in the program. Any representative of the program may sign authorization forms necessary to obtain treatment.

I understand that the program staff will make every effort to contact my family should an emergency arise. I further understand that the program and SDC will take no responsibility for costs arising from such treatment.

I consent to the use of non-prescription medication to relieve personal discomfort. Examples of non-prescription medications are aspirin, cough syrup, Tylenol, etc. Any medication or drug allergies and health problems that I am aware of have been listed on the CFAW Waiver Form.

I understand that if I do not complete the scheduled program, there will not be a refund of any money paid to participate.

I agree that anyone under 18 may not operate a motor vehicle while participating in the program. I understand that transportation from the campus to field trip locations will be provided by SDC's shuttle system, by a SDC staff member, an SDC student, or bus. I understand that drivers and SDC are not held responsible for any damages done while using transportation.

I hereby release and discharge the program and SDC, its board members, officers, employees, agents, successors, and assigns from any and all claims and liabilities arising out of participation in the program.

I agree without limitation to indemnify, defend, and hold harmless the program, SDC, its board members, officers, employees, agents, successors and assigns from any and all claims and liabilities asserted by or on my behalf arising out of participation in the program.

This waiver will be governed by the laws of the State of California.

Dated: February 23-25, 2017 San Diego Christian College

I have read this waiver/release carefully and understand and voluntarily agree to be bound by its provisions.

Signature of Parent/Participant: _____ Date: _____

PARENT SIGNATURE REQUIRED ON THE REGISTRATION FORM IF THE STUDENT IS UNDER 18