














Extra-Class Activity/Conference Travel and Attendance Agreement

Name of Conference

Date of Conference

Location

I understand that I am attending this conference/activity as a representative of Santa Rosa Junior College (SRJC) and that my expenses are paid by the students of SRJC or the College. I understand that I am expected to attend all conference sessions and activities. I understand that I will need to submit a written report of my participation at the conference. I understand that I am to conduct myself in a responsible manner and agree to the following:

-  I must be enrolled at Santa Rosa Junior College.
-  It is mandatory for a College designated Advisor to attend any College sponsored activity involving travel.
-  **No Alcoholic Beverages; Drugs.** California State Education Code and Santa Rosa Junior College prohibit alcoholic beverages or illegal substances being consumed during a college function regardless of a student's age.
-  No inappropriate behavior will be allowed, nor any behavior that would endanger others or reflect negatively on SRJC. Any member that causes damages to the facility is liable for replacement costs.
-  No unapproved guests will be permitted to participate in the Conference/Activity.
-  Each student must travel with the delegation to and from the Conference/Activity, utilizing the transportation provided by the College.
-  I will attend all functions and activities as posted in the Conference/Activity Program/Schedule.
-  I will not leave the Conference/Activity facility unless approved by the SRJC Advisor of the delegation.
-  I will be in my assigned guest room/accommodation provided by the College by at least 1:00 am each night. I may not be in the room, after this time, of any other attendee or guest, or in one of the other rooms provided by the College. Additionally, no other person may stay in a room paid for by the College.
-  I have read and understand the SRJC District Student Conduct Standards and Associated Students Code of Ethics.
-  Any special circumstance beyond the agreements on this form must be approved by the Director of Student Affairs or his/her designee.
-  I will submit a written report within two (2) weeks summarizing my conference participation.
-  I understand that if I do not attend or otherwise do not meet the requirements of this agreement, I will be held financially responsible to reimburse the appropriate budget for costs incurred.

Turn this agreement in to your Advisor by _____.


I understand that violation of this agreement may result in my immediate return to my home at my own expense.

Signature

Print Name

Date

Title/Position

 If applicable, special circumstances of this trip approved by the Director of Student Affairs/designee: _____

Staff Signature

**SONOMA COUNTY JUNIOR COLLEGE DISTRICT
COLLEGE FIELD TRIP, COLLEGE-SPONSORED ACTIVITY &
VOLUNTARY ACTIVITY WAIVER, RELEASE & INDEMNITY AGREEMENT**

For and in consideration of permitting the following named person, _____ to enroll in, and/or participate in the following activity(ies)

_____ of the Sonoma County Junior College District, beginning on _____ and through _____ the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions, or causes of action, for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity, or any activities incidental thereto, wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the Sonoma County Junior College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

It is the intention of (participant) by this instrument, to exempt and relieve the Sonoma County Junior College District from liability for personal injury, property damage or wrongful death caused by negligence.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Sonoma County Junior College District, he/she shall indemnify and save harmless the Sonoma County Junior College District from any and claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

I, the undersigned, have no known medical condition(s) which may pose a risk to the health and safety of me or others by participating in the activity(ies). I agree to advise the District in writing of any medical, physical or health condition which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

I hereby acknowledge and understand that unless specifically advised otherwise, the college is not providing the transportation and it is my responsibility to arrange for my transportation to and from the activity. If the college is providing transportation but I do not use the transportation, I am responsible to make my own arrangements and the college assumes no responsibility or liability of any kind.

If the college is not providing the transportation I further understand:

- the driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- the college is in no way responsible, nor does the college assume liability, for any injury or loss which may result from my transportation;
- although the college may assist in coordinating the transportation and/or recommend travel time, routes, car pooling, or caravanning, recommendation(s) or travel assistance provided is not mandatory.

The undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging/participating in the activity and/or instructing of the above-mentioned, and is fully aware of the legal consequences of signing the within instrument.

Signature (Participant) Date

Signature (Parent/Guardian – if participant is under 18) Date

Sonoma County Junior College District

Medical Information Form

Name: _____ Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Birthdate: _____ Sex: _____

Emergency contact persons and phone numbers:

Name: _____

Name: _____

Relation: _____

Relation: _____

Telephone #- Day: _____

Telephone #-Day: _____

Telephone #-Night: _____

Telephone #-Night: _____

Physician Information

Dentist Information:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone-office: _____

Telephone-office: _____

Telephone-emergency: _____

Telephone-emergency: _____

Allergies: _____

Health Insurance Company: _____ Telephone: _____

Group #: _____ Policy#: _____ ID#: _____

Medication(s) you are taking (including dosage): _____

Date of last Tetanus/Diphtheria Inoculation: _____

Special Health Needs or Concerns: _____

Special Dietary Needs: _____

Emergency Medical Authorization: I, the undersigned, do hereby authorize Santa Rosa Junior College and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Effective Dates: _____

I am eighteen years of age or older, have read the above authorization, and confirm that information contained therein is true and accurate.

Signature (Participant)

Date

Signature (Parent/Guardian-if participant is under 18)

Date