San Diego Community College District
Conference/Travel
Student Contract of Understanding

Name: (PRINT)  Last     First     MI
Student ID Number: ______________________
E-mail: ______________________ Telephone: ______________________
Activity: ______________________ Date of Activity: __________ Location of Activity: ______________________

I understand that I am attending the above entitled activity as a representative of the college and that my expenses are being paid out of San Diego Community College District funds. I acknowledge that I am expected to conduct myself in a responsible manner and agree to the following:

- **COMPLIANCE WITH POLICIES AND LAWS:** Adhere to all applicable Board of Trustees Policies and Procedures, particularly the Board of Trustees Policy, **BP 3100 Student Rights, Responsibilities, Campus Safety and Administrative Due Process, Section 3., Student Code of Conduct**, as well as federal, state and local laws. Failure to conduct myself in a manner consistent with said policies may result in being subject to disciplinary action.
  - Students found in violation of the Student Code of Conduct while traveling as a representative of the college which results in a disciplinary sanction, will be precluded from future travel.

- **ALCOHOL AND DRUG CONSUMPTION:** Consumption of an illegal substance of any kind, or the use of alcohol during the activity or en route to and from the activity is not permitted and will result in disciplinary action as provided for in Board of Trustees Policy, **BP 3100 Student Rights, Responsibilities, Campus Safety and Administrative Due Process**, and Administrative Procedure, **AP 3100.2 Student Disciplinary Procedures**.

- **INAPPROPRIATE BEHAVIOR:** Inappropriate behavior will not be tolerated, nor any behavior that will endanger the signatory or others. Any student who causes damages to a facility while on official travel is liable for replacement costs.

- **COMPLETION OF TITLE IX TRAINING:** Available at [http://www.everfi.com/register](http://www.everfi.com/register) using registration code 8ef36412. Please print and attach verification of your completion of the training.

- **PARTICIPATION:** Each participant is expected to actively participate in all required events and activities.

- **SUPERVISION OF STUDENT:** For the duration of the event, each participant is expected to keep the advisor/designee aware of their activities and whereabouts at all times, and to abide by the advisor’s directions.

I understand that if I do not abide by this contract to attend this activity, and I do not provide proof of emergency or extenuating circumstance, I will be responsible for reimbursing the San Diego Community College District for the full cost of my participation (i.e., lodging, meals, etc.). Further, I understand that I may be ineligible to participate in any future sponsored events, and that my club/organization may also be penalized.

I understand that violation of this agreement may result in the following:
- Immediate return to my home at my own expense
- Disciplinary action by the college
- A hold placed on my student record

**WAIVER:** I acknowledge that I am attending the above-mentioned activity as an extra-curricular activity on a voluntary basis. I understand and agree that I shall voluntarily release, discharge, waive, relinquish, and covenant not to sue the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all liability, claims, causes of action, and demands related to or arising out of, or in connection with, my participation in this activity, including injuries, accident, illness, property damage, and death.

**INDEMNIFICATION AND HOLD HARMLESS:** I further agree to hold harmless, defend, and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, related to or arising out of, or in connection with, my participation in this activity.

Student Signature: ______________________ Date: ______________________

Distribution: Student Affairs; Department Dean
San Diego Community College District
Student Travel
Medical Consent Form

In the event of any medical emergency, I grant San Diego Community College District, including City, Mesa and Miramar College, and Continuing Education, or any of its representatives the full authority (at my expense) to take any action deemed necessary to protect my health and safety. This includes, but is not limited to, placing me under the care of a doctor, in a hospital, or returning me to my home city if deemed necessary after consultation with medical authorities.

Name of Participant: ___________________________  Student ID Number: _____________

PRINT

Please check one of the following statements:

- I am 18-years-of-age or older. My date of birth is: ___________________________
- I am the parent or legal guardian of the participant who is under 18-years-of-age to whom the above statement applies and for whose benefit I am executing this medical consent.

In case of emergency please contact: ___________________________

Name/Relationship

E-mail: ___________________________  Telephone: ___________________________

Medical Insurance Carrier: ___________________________  Policy Number: ___________________________

Please list any prescription medication that you must take while at the off-campus activity:

_____________________________________________________________________________

Has your physician approved your ability to travel under this prescribed medication?

- Yes
- No

I have read this consent and I understand its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of Participant or Parent/Legal Guardian: ___________________________

Name of Signatory: ___________________________  Date: ___________________________

PRINT

E-mail: ___________________________  Telephone: ___________________________

NOTE: Submit completed consent to the instructor/advisor responsible for travel

Instructor: A copy shall be maintained by the advisor during travel

Distribution: Signed consent returned to instructor/advisor responsible for travel

SS – STDTRVLMEDCNST 08/2017
San Diego Community College District

Minor (Under 18) Student
Travel Permission/Release/Waiver

Campus:  □ City  □ Mesa  □ Miramar  □ Continuing Education (Specify Campus):  

Student Name: ____________________________  Student ID No.: ____________
(PRINT)  Last  First  MI

Course/Organization: ____________________________  Instructor/Advisor: ____________________________

Title and Number or Name

Travel to: ____________________________
Enter Destination or Attach Travel Schedule

Departing: ____________________________  on: ____________________________  via: ____________________________
Location  Date  District/Self

Returning to: ____________________________  on: ____________________________  via: ____________________________
Location  Date  District/Self

WAIVER: I understand and agree that all persons making field trips or excursions are deemed to have waived all claims whatsoever against the State of California and the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, or volunteers for injury, accident, illness, property damage, and death occurring during or by reason of the field trip or excursion. Further, I understand that of my own volition and insistence, I give permission for my child/ward to depart from the scheduled activities or use transportation other than that provided by the District. It is fully understood that the District is in no way responsible, nor assumes liability, for any injuries or losses resulting from my child's/ward's departure from the scheduled activities and/or transportation.

I, ____________________________, declare that I am the parent/guardian of the student identified in this form. I have read and understand the above waiver and conditions of the scheduled trip. Further, I agree to hold harmless, defend and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, related to or arising out of, or in connection with, my child's/ward's participation in this field trip.

☐ I hereby give permission for my child/ward to participate in the trip as scheduled.

Parent/Guardian Name: ____________________________
(PRINT)

Parent/Guardian Signature: ____________________________  Date: ____________________________

NOTE: Submit completed authorization to instructor/advisor responsible for travel

Emergency Contact Information

Contact Name: ____________________________  Relationship: ____________________________
(PRINT)

Primary Telephone: ____________________________  Secondary Telephone: ____________________________

Instructor: Attach original to approved Request/Authorization to Conduct Off-Campus Student Activity form