



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

## CODE OF CONDUCT

The Maricopa Community College District has approved a resolution that smoking, drinking, alcohol, and unseemly behavior of any kind is prohibited while on any of the MCCCCD campuses.

You will conduct yourself at all times by:

- Showing respect for the rights and property of others
- Being courteous toward others
- Being honest and not taking unfair advantage of others
- Refraining from loud, boisterous talk, inappropriate language or inappropriate behavior
- Attending camp on time, promptly, and respecting the opinions of others
- Observing the rules and regulations established by those in charge of the Summer College Program
- Arriving no earlier than 15 minutes prior to the published class start time, nor remaining any longer than 15 minutes after the published class end time

I have read and understand the MCC Youth College Code of Conduct. I understand if a violation occurs, I may be asked to withdraw my student and forfeit any tuition paid.

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

Student Signature

Date

**Mesa Community College Youth College  
Health Record/Medical Release Form**

**This form must be completed and returned with registration form in order for the student to be permitted to participate in MCC's summer camp 2015.**

Student's Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City, State ZIP	
Home Phone	Cell Phone	
Parent/Guardian Name	Relationship To Child	
Parent/Guardian Signature	Date	
Primary Physician's Name	Phone Number	
Name of Health Insurance Provider	Policy #	
Policy Holder Name		
In case of emergency, please notify		Phone Number
If neither parent or guardian is able to be contacted please contact:		Phone Number

**Please indicate if the student suffers from any of the following allergies, diseases or conditions:**

- Asthma     
  Convulsions     
  Peanut Allergy     
  Other \_\_\_\_\_  
 Diabetes     
  Behavioral Issues/Plans     
  Penicillin Allergy

Does student have any chronic or recurring illnesses?  Yes  No *If Yes, please describe* \_\_\_\_\_

Please list the medications that the student will be taking while at MCC \_\_\_\_\_

Is there anything else in student's health history that we should be aware of? \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT IN CASE OF EMERGENCY**

I do hereby authorize that all of the information contained herein is correct and that my child is fully able to participate in all MCC Summer College activities without the need of individual or specialized attention or medical regimen. I agree to notify MCC of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of MCC teaching and administrative staff, emergency room physicians or any other clinical physicians with the understanding that I (or my authorized representative) will be notified as soon as possible.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**MARICOPA**  
COMMUNITY COLLEGES

**TALENT RELEASE FORM**

- I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:
- Record my participation, appearance or performance on video tape, audio tape, film, photograph or any other medium.
  - Use my name, likeness, voice and biographical material in connection with these recordings.
  - Copy the recording, in whole or in part and distribute it, including through podcasts on the Internet, solely for educational purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

Parent/Guardian  
Signature (if under 18) : \_\_\_\_\_ Witness: \_\_\_\_\_