

**CONTRA COSTA COMMUNITY COLLEGE DISTRICT AND  
DIABLO VALLEY COLLEGE**

**CONSENT AND RELEASE**

**EVENT**

**In consideration of being permitted to participate in** \_\_\_\_\_  
(describe program)  
**at** \_\_\_\_\_ **on** \_\_\_\_\_  
(location) (date)

I hereby represent that I will obey and uphold all of the rules and requirements established by Diablo Valley College and Contra Costa Community College District, observe all program schedules and follow all directives given to me by supervisory personnel in all matters pertaining to the event. I grant to Diablo Valley College and Contra Costa Community College District the right to terminate my participation in the event if it is determined that my conduct is detrimental to or in conflict with the event or out of harmony with the best interests of the group as a whole, in which case I shall be sent home at my own expense.

I fully recognize and agree that Diablo Valley College and Contra Costa Community College District cannot and will not be held responsible in any way for my safety, my needs or my well being during any period in which I am not directly participating in the event.

I hereby release and agree to indemnify the trustees of the Contra Costa Community College District and Diablo Valley College and all of the agents, employees, officers and cooperating organizations of the District or College, either in their individual capacities or by reason of their relationship to the trustees or to the College, from all responsibility or liability or claims of any nature whatsoever for loss, damage or destruction of property, or injury or death to person, due to any cause whatsoever occurring during my participation in this event under the direction of Diablo Valley College. In addition, I fully acknowledge that I am responsible for any injury, loss or damage to property, to myself and to others.

I grant to Diablo Valley College, Contra Costa Community College District or any of its representatives full authority to take any action deemed necessary to protect my health and safety at my expense, to include but not limited to placing me under the care of a doctor or in a hospital at any place for medical examination and/or treatment or returning me at my expense if such return is deemed necessary after consultation with medical authorities.

I have read the foregoing Consent and Release and, understanding its terms, I freely agree to all of the provisions set forth therein.

**Name** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

(parent's signature if under 18 years)

**California Driver's Lic.#** \_\_\_\_\_ **Vehicle Lic.#** \_\_\_\_\_

**Vehicle's registered owner:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy No.** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**DIABLO VALLEY COLLEGE  
MEDICAL CONSENT FORM**

In the event of any medical emergency, I grant to the College or any of its representatives on the trip the full authority to take any action deemed necessary to protect my health and safety at my expense, including, but not limited to placing the Participant under the care of a doctor or in a hospital at any place for medical examination and/or treatment, or returning the Participant to their home city at his or her own expense if such return is deemed necessary after consultation with medical authorities.

Name of Student: \_\_\_\_\_

(Initial one of the following statements):

\_\_\_\_\_ I am 18 years of age or older and I am the Participant. My birth date is: \_\_\_\_\_

\_\_\_\_\_ I am the parent or legal guardian of Participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing this Agreement.

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

\_\_\_\_\_  
Signature of Participant or Participant's Legal Guardian    Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Phone Number

In case of emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any prescription medication you are currently taking: \_\_\_\_\_

Please list all allergies (food, medication and other): \_\_\_\_\_