GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY
For Early College Programs – ACE, Dual Enrollment, Hoop of Learning

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 Maricopa Early College Programs STEM Conference retention activity at GateWay Community College on July 30, 2015, Phoenix, AZ (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.)

Possible Hazards and/or Risks associated with the participation in this activity are as follows: bodily harm and/or injury while participating in the activities during the Science, Technology, Engineering or Math (STEM) Conference at Gateway Community College, Phoenix, AZ; walking, sitting and possible stair climbing; possible injury or death, damage or loss of personal property during charter bus transportation or while participating in activities at the STEM Conference, exposure to hot weather and monsoon related conditions in Phoenix, AZ, possible injury and/or death while participating in the activities at GateWay Community College, AZ.

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.

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. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. 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.
Student Contact Information

First Name ___________________   Last Name ____________________________
Student ID Number/ MEID _______________________  Date of Birth ______________
Address ________________________________________________________________ Apt. _________
City _____________________     State ______   Zip _________ Home Phone ________________
Cell Phone ___________________     E-mail __________________________________
Name of High School Currently Attending ____________________________________
Grade _________________

Maricopa College attending (Check one box):

☐ Chandler-Gilbert    ☐ Estrella Mountain    ☐ GateWay    ☐ Glendale    ☐ Mesa
☐ Paradise Valley     ☐ Phoenix College     ☐ Rio Salado    ☐ Scottsdale     ☐ South Mountain

Program(s):

☐ ACE        ☐ Adult ACE        ☐ Dual Enrollment     ☐ Hoop of Learning
This trip is funded by the college. As a college-funded activity, participating individuals are required to abide by the policies and procedures established by the Student Code of Conduct as well as by the Governing Board of the Maricopa County Community College District for in-state and out-of-state travel. Participants are also required to follow the policies and procedures set forth by the college, district, and the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging and registration) are provided by the college. Participants are responsible for their own snacks, souvenirs, and personal expenses.

A. Adherence to Policies and Procedures
All participating students will be required to adhere to established policies and procedures. The "honor system" will apply to all aspects of this trip. This means that you regulate your own behavior and discourage others from actions that violate district policies and procedures as well as this contract.

B. Participation in Activities
All attendees are required to participate in each activity listed on the daily agenda. No deviations to the schedule will be made by students without the approval of their advisor(s). Participants are expected to respect the time and effort of others by being on time and actively participating in all scheduled activities.

C. Use of Drugs and/or Alcohol
The use of non-prescription drugs and/or alcohol is strictly forbidden according to the policies of the Maricopa County Community College District.

D. Behavior
As students as well as members and/or officers of a student organization or athletic team, participants are expected to conduct themselves in a manner which
1) reflects positively on themselves, the club/organization/team, the college, and the district
2) reflects commitment to integrity in personal, social and academic involvements, and
3) is respectful of others and worthy of respect from others.

E. Dress
Participants are expected to dress appropriately for any and all occasions.

Any student violating this behavioral contract may be sent home and may be required to reimburse the college for the full cost of the trip. In addition, any student violating this behavioral contract will be subject to further discipline as outlined in the Student Code of Conduct. Furthermore, officers and athletes may be removed from the student organization or team.

I have read the above provisions and agree to abide by them for the entire duration of this college-sponsored trip.

___________________________________    __________  ____________________________
Student’s Printed Name             College            Activity or Program
________________________________           __________
Student Signature                                                       Date

7/10/06
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.: ________________________________ |
| Parent/Guardian Signature: ______________________ | Witness: ___________________________________ |
| Parent/Guardian Signature (if under 18): __________ | |

(Complete the following if intended use includes broadcasting)

In addition, I authorize the Maricopa County Community College District, and those acting under its authority, to broadcast my participation, appearance or performance on Maricopa Colleges Television (“MCTV”) facilities in Maricopa County and on any television stations licensed to MCTV. None of the stations are commercial stations. The number of broadcasts will not exceed _____ during the 12 months following the date of my appearance or performance. MCTV may edit the recording of my performance to meet time requirements and may play such recordings in whole or in part to meet its schedule. MCTV will cease using any edited recording upon my objection to it in writing. MCTV may use my name, photograph, biographical information and short excerpts of my appearance or performance for promotional use without my inspection or approval of the finished product.

I understand that I will not receive any compensation for the distribution of my appearance or performance through MCTV. I also understand that MCTV is not obligated to broadcast or distribute my appearance or performance, and that any use that MCTV may make of my appearance or performance is at its sole discretion.

☐ I am / ☐ I am not the owner of the intellectual property in the work that I performed or will perform (“Work”). The name and description of the Work that I own is: __________________________________________

As the owner, I give MCTV a nonexclusive license to use the Work or excerpts of the Work as performed by me for broadcast on MCTV at no additional cost beyond any fees that the Maricopa County Community College District has paid or will pay me for my appearance.

| Name of Event: _____________________________________________________________________ |
| Date of Event: _____________________________________________________________ |
| Name: ______________________________________ | Signature: ____________________________ |
| Parent/Guardian Signature: ______________________ | Witness: _____________________________ |
| Parent/Guardian Signature (if under 18): __________ | |

The Maricopa County Community College District will provide the signer with one copy of the tape of the appearance or performance at no charge, if requested. Additional copies may be requested for a charge.
STUDENT TRAVEL PARTICIPATION AGREEMENT

This agreement was developed to clarify the roles and responsibilities of all students traveling to attend Glendale Community College sponsored activities. Collect and carry with you the students' Travel Participation Agreements, Assumption of Risk Forms, and College Accident Insurance Information.

As a college-funded activity, participating individuals are required to abide by the policies and procedures established by the Student Conduct Code as well as by the Governing Board of the Maricopa County Community College District. Participants are also required to follow the policies and procedures set forth by the college, district, and/or the organization hosting the event.

Travel costs (transportation, per diem for meals, lodging, and registration) are provided by the college. Participants are responsible for their own snacks, souvenirs, and personal expenses.

LEADERSHIP BEHAVIORS EXPECTED OF STUDENTS WHEN TRAVELING

- Treat everyone with respect and dignity.
- Represent yourself and the College in a professional manner.
- Arrive promptly and be prepared to participate in all workshops and activities.
- Dress appropriately for all occasions.
- Learn new skills and information, especially those that you can share with others.
- Be a team player!
- Help others when requested.
- Treat the environment appropriately.
- Enjoy yourself!!

BEHAVIORS THAT WILL NOT BE TOLERATED

- Drinking alcohol or using non-prescription drugs.
- Exhibiting inappropriate or disrespectful behaviors (i.e., fighting, whining, etc.)
- Engaging in any dangerous activities.
- Using foul or obscene language.
- Leaving the camp, hotel, conference, or facility at any time without advisor’s approval.
- Infringing on the rights of others.

Medical Information

Please list any medical conditions including allergies that your advisor or a medical care provider should be aware of:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please list any dietary restrictions or food allergies:

_____________________________________________________________________________________________

Are you currently insured, if so with whom?

(We recommend that you carry an insurance card with you when you travel.)

Please provide the name and phone number of someone we may contact in case of emergency:

<table>
<thead>
<tr>
<th>Name</th>
<th>Day Phone</th>
<th>Evening Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read this agreement and will act in an appropriate manner for the duration of this event.
If I have a concern or problem, I will locate my campus advisor for immediate assistance.

Student Name (please print)  Travel Destination

Student Signature or Signature of Parent or Legal Guardian (if student is a minor)  Date

Faculty/Advisor Signature  Student Organization/Activity/Class