

**ASSOCIATED STUDENTS OF ORANGE COAST COLLEGE**  
**CONFERENCE ATTENDANCE AGREEMENT**  
(Required for ASOCC-Funded Conference/Field Trips)

I understand that I am attending this conference as a representative of Orange Coast College and that my expenses are paid in whole or in part by OCC and/or the Associated Students of Orange Coast College. I understand that I am expected to conduct myself in a responsible manner and agree to the following:

- I am currently enrolled at Orange Coast College and have paid the current semester's College Service Charge.
- I am aware that the California State Education Code and the policies of the Coast Community College District prohibit possession or use of alcohol and/or other drugs during a college function, regardless of attendee's age.
- I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned or others. I also understand I am responsible for any damages I cause to any facility while attending this conference.
- I agree I will not invite any outside visitors to participate in conference activities without having obtained prior approval from my advisor.
- I agree that I will stay within the designated areas of the conference facilities.
- I understand that this conference is an official Orange Coast College field trip and that I am required to attend all possible work sessions. I further understand that upon return to Orange Coast College, I may be required to attend an SGOCC Student Senate meeting to share the information gained.
- I understand that any infraction may result in possible disciplinary action and immediate dismissal from the conference and that I will then become responsible for making other arrangements for my return to Orange Coast College.
- I agree that if district transportation is being provided to and from the event, I will ride the bus, van or other designated vehicle to and from the event.

\_\_\_\_\_  
Signature of Participant

  
\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Printed Name of Participant

**Jeffrey Dimsdale**  
\_\_\_\_\_  
Printed Name of Advisor

*College Service Charge paid.*

(Please complete both sides of this form)

COAST COMMUNITY COLLEGE DISTRICT
VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

I, [Print full name] ("Student Participant"), [Student ID] (Student I.D. or Driver's License Number), wish to participate in the Coast Community College District ("District") activity of [various activities-7/1/19-6/30/20] ("Activity") at [Orange Coast] College.

I understand and acknowledge that this Activity may be dangerous, hazardous, and by its very nature, pose the potential risk of severe and serious physical and emotional injury, illness, or even death, to all individuals who participate in such Activity.

[Initials] I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THIS ACTIVITY, I AGREE TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR, ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH, WHICH MAY BE ASSOCIATED WITH PARTICIPATION IN SUCH ACTIVITY. I represent and warrant that I am mentally and physically fit, capable, able, and willing, to participate in this Activity without any limitation. I assume full and sole liability for the use of my own vehicle in traveling to, while at, and from this activity, and I agree to hold harmless the District, its trustees, colleges, employees, and agents from such use.

I understand, acknowledge, and agree, that the District, its trustees, employees, agents, coaches, teachers, volunteers, and representatives, shall not be liable for any injury or illness suffered by Student Participant which is incident to, and/or associated with, preparing for, and or participating in, this Activity.

I hereby release, discharge, indemnify, and agree, to hold harmless District, District's governing board ("Board"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives, free from any and all liability, arising out of, or in connection with, Student Participant's participation in this Activity, including all related activities such as games, practices, training activities, trips, and related exercise.

For purpose of this Agreement, "liability" means all claims, demands, losses, causes of action, suits, or judgments, of any kind, that Student/Participant, or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns, may have against District, and its trustees, employees, agents, coaches, teachers, volunteers, and representatives, because of Student/Participant's personal, physical, or emotional, injury, accident, illness, death, or because of any loss of or damage to property, that occurs to Student/Participant, or his or her property during Student/Participant's participation in the Activity, that may result from any cause, including but not limited to, District's, trustees', employees', agents', coaches', teachers', volunteers', or representatives', own passive or active negligence, or acts other than fraud or willful misconduct.

[Initials] I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND THAT I UNDERSTAND THE POTENTIAL DANGERS INCIDENT TO ENGAGING IN THIS ACTIVITY, AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF THIS FORM, AND AGREE TO ITS TERMS AND CONDITIONS, AND UNDERSTAND THAT I AM WAIVING CERTAIN RIGHTS, AND ASSUMING THE RISK OF DAMAGE FROM MY PARTICIPATION IN THE ACTIVITY.

Student Participant's Signature Date

Parent Guardian's Signature (required if Student Participant is a minor) Date

[Handwritten Signature] District's Signature Date

**2019-2020**

**Medical Consent Form**  
(required for ASOCC-Funded Conference/Fields Trips)

**Circle K Club**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
OCC ID Number

\_\_\_\_\_  
Representing Club/Organization

**Jeff Dimsdale**

\_\_\_\_\_  
Complete Address of Participant

\_\_\_\_\_  
Name of Advisor

**949-929-1201**

\_\_\_\_\_  
Phone Number of Participant

\_\_\_\_\_  
Phone Number of Advisor

**Various | 7/1/19 to 6/30/20**

**Various**

\_\_\_\_\_  
Date of Conference/Activity

\_\_\_\_\_  
Location of Conference/Activity

I, the undersigned, ("Student/Participant") wish to (and if under 18 years of age also my parent or guardian authorize my son/daughter to) participate in the above District-sponsored activity (hereinafter "Activity").

In order that I, my daughter/son may receive the necessary medical treatment in the event of an emergency whereby I, she/he may sustain injury or illness during participation in this activity, I authorize any school official to consent to and obtain necessary medical treatment, including x-rays, examination anesthetic, medical or surgical diagnosis or treatment or hospital care for such an injury or illness during the activity and I hereby release, discharge, indemnify and agree to hold District, District's governing board and college and each of their trustees, employees, agents, coaches, teachers, volunteers, and representative harmless in the exercise of such authority. I further hereby acknowledge that neither the District nor any of the persons named above have any obligation to seek such treatment.

Should the need arise, the following information may be given to any health care provider:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian  
(if participant is under the age of 18)

\_\_\_\_\_  
Print Name of Parent and/or Legal Guardian

**Emergency Contacts:**

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Day Phone Number and Evening Phone Number

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Day Phone Number and Evening Phone Number

\_\_\_\_\_  
Medical Insurance Carrier

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Policy Number, Contact Name and Phone Number

*Please list any medical conditions of the above student (asthma, diabetes, epilepsy, etc.). If none, please write "None":*

*Please list any allergies or allergic reactions to medications of the above student. If none, please write "None":*

*Please list any medications the above student is now taking. If none, please write "None":*

\_\_\_\_\_  
*Date of student's most recent tetanus shot:*

Do not mark: \_\_\_\_\_ Spr \_\_\_\_\_ Sum