



Saddleback College Community Education Registration and Release of Liability Form

CONTACT INFORMATION - PARTICIPANT OR PARENT/LEGAL GUARDIAN OF MINOR

(Please complete one form per participant.)

Last Name	First Name	
Address	City	Zip Code
Preferred Contact Number ()	E-mail	

PARTICIPANT INFORMATION

(Only provide last and first name if different from above. DOB is required.)

Last Name	First Name	DOB

CLASS INFORMATION

Class Number	Class Title	Start Date	Time
18410	Myths & Legends of the San Andreas Fault Tour	3/9/2024	08:00 AM - 06:00 PM

HEALTH ISSUES, MEDICATIONS, AND/OR REQUESTS FOR SPECIAL ACCOMMODATIONS

(Please attach additional sheets if needed.)

Are there any health conditions that our staff should be aware of (i.e., asthma, allergies, hypoglycemia, seizure disorder, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain below.) <hr/>
Will participant need to take medication during class time? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain below.) <hr/>
Reasonable accommodations will be made per the needs of the participant. Will participant need any accommodations during class time? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain below.) <hr/>

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Relationship
E-mail – Is this required?	Preferred Contact Number ()	

Kindly read below and initial to the left of each section.

Acknowledgement of Voluntary Participation

Participant voluntarily wishes to participate in the above referenced Saddleback College Community Education class(es) and chooses to do so despite the possible dangers and inherent risks.

Code of Conduct

Participant fully understands that he/she is to abide by all rules and regulations, including and not limited to District policies and procedures governing conduct during participation in the above referenced class(es). Any violation of these rules and regulations may result in participant's dismissal from the class with any expenses incurred being participant's responsibility.

Internet Usage

Participant understands that South Orange County Community College District, Saddleback College Community Education is not liable for any actions resulting from the misuse of computers. Any misuse of computers must be reported to the Saddleback College Community Education Manager/Dean.

Medical Consent

In the event of an emergency and participant is injured or becomes ill during his/her participation in the above mentioned Community Education class(es), participant hereby authorizes and consents to x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment, emergency medical treatment, and hospital care from a licensed physician and/or surgeon, as well as emergency transportation as deemed necessary for my safety and welfare. Participant understands that all resulting expenses will be his/her responsibility. In addition, participant asks Saddleback College Community Education to call his/her emergency contact listed above.

Photograph/Video Release

Participant understands that Saddleback College Community Education may take photographs and/or video of participant during his/her participation in this Community Education class which may be used for the purposes of marketing and/or publicity of the program in print or on any social media platform.

Release of Liability

In consideration of participant's registration and request for voluntary participation in the above referenced Saddleback College Community Education class(es), and to the extent permitted by law, participant, his/her heirs, executors, administrators or assigns hereby agree to release, defend, indemnify, and hold harmless South Orange County Community College District, its Board of Trustees, officers, agents, employees, and volunteers from any and all claims, action, demands, damages, costs, losses, or expenses, including reasonable attorney's fees of any kind or nature whether related to bodily injury, property damage, or loss of life, except to the extent that such loss or damage is caused by the negligence act or omission and willful misconduct of South Orange County Community College District, its Board of Trustees, its officers, agents, employees, and volunteers and no negligence on the part of the participant.

BY CHECKING THE BOX OR SIGNING, PARTICIPANT OR PARENT/LEGAL GUARDIAN OF PARTICIPANT FULLY UNDERSTANDS THE ABOVE TERMS AND THE LEGAL CONSEQUENCES OF THIS REGISTRATION AND RELEASE OF LIABILITY FORM. PARTICIPANT OR PARENT/LEGAL GUARDIAN OF PARTICIPANT AGREES/SIGNS THIS FREELY AND VOLUNTARILY.

Participant or Parent/Legal Guardian if Participant is Minor:

Signature

Date