

FALL SPRING SUMMER
YEAR: _____

CHAFFEY COLLEGE
EMERGENCY CONTACT INFORMATION AND INTERNET USAGE
(Required for students under 18 years of age)

Please Print – Use **Black Ink Only**

Student Name _____ Chaffey ID # _____
Last First MI

Student Address _____
Number Street Apt. City State Zip

Telephone () _____ Date of Birth _____ SS# (optional) _____

EMERGENCY CONTACT INFORMATION

IN CASE OF ACCIDENT OR SUDDEN ILLNESS, PLEASE CALL:

_____ () _____
Last First Relationship Telephone

Should an emergency arise, requiring immediate medical attention while attending Chaffey College and a parent or guardian cannot be contacted, Student Health Services is authorized to take whatever steps are needed to protect the health of the student.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Guardian's Signature _____ Date _____

NOTIFICATION REGARDING INTERNET ACCESS

Many college courses now require computer lab work or research projects involving the use of the Internet. Chaffey Community College District's computer network does provide access to the Internet

This notice is to advise parents/guardians of students under the age of 18 that the college does not block access to the Internet. As a result, it is possible for your daughter/son to reach an Internet site that you may feel contains inappropriate material.

Your approval, as indicated by your signature on this form, is required for your daughter/son to have access to the college's computer network system and to enroll in courses at Chaffey College.

Parent's Signature _____ Date _____

Guardian's Signature _____ Date _____

OFFICE USE ONLY

Received in Admissions on: _____ Received by: _____

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Participant's Name: _____

Chaffey Community College District

Name of Class or Activity: Attendance and Participation in Chaffey College Class(es)

Waiver: In consideration of being permitted to participate in any way in Chaffey College

Class(es) for Spring 2009

(Description of Activity/Dates)

Hereinafter called the "Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Chaffey Community College District, its officers, employees, and agents from liability **from any and all claims including the negligence of the Chaffey Community College District, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD CHAFFEY COMMUNITY COLLEGE DISTRICT HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California including Education Code Section 72640 and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read all previous paragraphs, including the waiver of liability, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the Activity, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the extent allowed by law.

In the event of any illness or injury, I give full authority to the district staff to obtain such medical treatment and/or surgery from a licensed physician/surgeon, paramedic or hospital as deemed necessary for the welfare of my child. I acknowledge that I fully and completely understand the potential risks that may be associated with this Activity and that my child's participation is strictly voluntary.

Signature of Participant	Date	Participant's Date of Birth (if minor) _____
Parent or Legal Guardian Signature	Date	(_____) _____ Day Phone: Area Code and Number
Please Print Parent or Legal Guardian Name		(_____) _____ Night Phone: Area Code and Number
Name of Health Insurance Company		Policy/Group Number

Medical Problems/ Necessary Medications
Check one: None Yes, Please Explain: _____