

## MIAMI DADE COLLEGE OFF-CAMPUS ACTIVITY STUDENT AGREEMENT FORM

Student's Name \_\_\_\_\_ hereby requests participation in the following field trip or excursion:  
(Destination and Description of Activity) \_\_\_\_\_ on Date(s) \_\_\_\_\_.

- I am voluntarily participating in this Activity. I acknowledge, understand that as part of my participation in this Activity there may be dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in the Activity includes travel to and from the Activity. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from this Activity.
- I understand and agree that I shall hold Miami Dade College, its District Board of Trustees, officers, employees, agents, volunteers, representatives, and permissive users off College vehicles harmless from any and all liability, claims, causes of action, and demands related to, arising out of or in connection with my participation in this Activity, including injuries, accident, illness or death. If my participation in this Activity results in any liability, claims, causes of action, or demands against the College, its District Board of Trustees, officers, employees, agents, representatives and permissive users of College vehicles, I agree to defend and indemnify the College, its District Board of Trustees, officers, employees, volunteers, agents, representatives, and permissive users of College vehicles in such an action.
- In the event of any illness or injury while participating in the Activity listed above, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician, surgeon, and/or dentist as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.
- If I provide my own transportation or ride with another student, it is fully understood that the College, its District Board of Trustees, officers, employees, volunteers, agents, representatives is in no way responsible nor assumes liability for any injuries, losses, claims or actions resulting from, arising out of or incident to the such transportation. I understand that although the College may recommend travel time and/or routes to and/or from this Activity, that such recommendations are not mandatory and do not in any way constitute College sponsorship of or responsibility for my transportation. I also understand that the driver is not driving as an agent of or on behalf of the College.
- I understand that participants are to abide by all student code of conduct rules as specified in the Student Rights & Responsibilities.
- There is to be no use of alcohol, tobacco/nicotine, profanity, inappropriate behavior, and/or illicit drugs traveling to and from or while participating in the Activity.
- Failure to participate in the Activity or any violation of College rules and regulations may result in my being sent home at my own expense. I also understand that I will be responsible for reimbursing College for any and all expenses incurred for my participation, failure to participate in the Activity or any violation of College rules and regulations, respectively.
- I understand that, as a representative of the College, I will leave and return with the delegation via any transportation provided and approved by College.
- I will attend all necessary pre-Activity, on-site and post-Activity delegation meetings. I will attend and actively participate in all aspects of the Activity. I will stay at the designated site of the Activity through the duration of the Activity.
- I realize that I am a representative of College and that I have been chosen to represent it and its interests. As such, I understand that any actions I take at the Activity will negatively or positively affect opinions of others about the College.
- Any incidentals (room service, laundry, personal items, phone calls, etc.) are my responsibility.
- I hereby consent to the Office of Student Life and other school officials accessing my academic records to determine my academic standing and cumulative GPA, and understand that my standing and GPA may affect my eligibility to participate in Activities.
- I hereby agree to fulfill all terms of this agreement as a delegate of College to the Activity listed above.

This Document and its content constitute a student record and are exempt from public records under Section 1006.52, Florida Statutes, as may be amended. The contents of this document is being disclosed with my consent and/or my parent(s)/guardians consent if applicable.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
(if student is under 18)

**Signature of Chaperone** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Dean of Academic Affairs** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required for all non-Club/Org Activities)

**\*Director of Student Life** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required for Student Life sponsored or Club/Org Activities)

**\*Dean of Student Services** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required at all times)