

Name _____ ID# _____

Agreement for Off Campus College Activity

The agreement below is designed to protect our group members in the event that an emergency might require the immediate action parents would take if they were present and also, as a necessary precaution, to protect Miami Dade College from claims which might be made by members of the group and their parents.

In the years the college has been sponsoring off-campus activities, incidents of the type covered by this agreement have been negligible. However, parents would not wish their sons or daughters to join a group under the auspices of an organization that disregarded even the remotest contingency.

We recommend that you read the provisions of this agreement carefully and if not fully understood please consult with your attorney. We hope that we shall have your full cooperation.

RELEASE

As a student of Miami Dade College, I do willingly execute this release in consideration of the educational benefit derived by me by my participation in _____ (specify activity). I hereby release from liability and hold Miami Dade College harmless and all claims and causes of action which be brought by me, my parents or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Miami Dade College. It is understood that Miami Dade College as used herein shall include the employees, administrators, agents and Board of Trustees of Miami Dade College.

Student Delegate Contract

I hereby agree to fulfill all terms of this agreement as a delegate of Miami Dade College to the event listed below.

1. I understand that as a representative of Miami Dade College, I will stay with the delegation at the designated site of the event and return with the delegation via transportation provided and approved by MDC.
2. I will attend all necessary pre-conference on-site and post conference delegation meetings.
3. I will attend and actively participate in all aspects of the conference.
4. I realize that I am a representative of Miami Dade College and that; I have been chosen to represent it and its interests. As such a representative, I understand that any actions I take at the conference will negatively or positively affect opinions of others about the college.
5. As a delegate, I will engage in behaviors that are responsible and mature. I understand that intoxication, use of illegal substance, abusive or inappropriate language and/or behavior resulting in the breaking of the conference, hotel or MDC rules, may result in dismissal from the delegation and the conference. I further understand that if any action is in violation of the MDC Student Code of Conduct or the College Discrimination or Harassment Policy I may also be subject to college disciplinary action. If asked to leave the conference, I understand that I will be responsible for reimbursing MDC for any and all expenses incurred for my participation.
6. I hereby certify that I am a duly enrolled student in good standing and I release my cumulative GPA to the Office of Student Life for verification.

Student Signature Date

Signature of Parent or Guardian Date

Signature of Club Advisor, Coach or Faculty/Staff Chaperone Date

Director of Student Life Approval Date

Permission for Emergency Treatment

I/We hereby authorize the appointed representatives(s) of Miami Dade College to obtain and authorize medical treatment as is necessary to protect the well-being of my child. Including, authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I/We do hereby release and agree to hold harmless Miami Dade College and its representatives from any and all claims which may rise from said medical treatment.

 Student Signature Date Signature of Parent or Guardian Date

NOTE: On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states student under the age of 21 years of age might not be administered an anesthetic or operated on without the written consent of the parent or guardian, we request that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.

Emergency Medical Information

Do you suffer from any of the following conditions?

Allergies Asthma Convulsions Heart Trouble
 Diabetes Fainting Smell Bleeding Disorders Other (Specify)

Do you wear Contact Lenses Dentures

Are you currently taking any medications? (Please List) _____

Emergency Contact Information

Address _____ Home Phone _____

_____ Alternate Phone _____

Email _____

Notice of Class Absence Due to Activities

Reason for Absence (50 words or less) _____

Permission to Make Up Class Work Missed During Absence Date of Absence _____

Sequence #	Instructor	Approved	Rejected	Signature of Instructor

Instruction to students:

1. List the classes by sequence # and instructor that you will miss during your absence.
2. Contact your instructor(s) for class assignments and to secure permission to make up class work missed.
3. Obtain the signature of your Club Advisor or Faculty/Staff Chaperone for the event.
4. Return the completed form to the Director of Student Life no later than two weeks prior to the date of absence.

 Student Signature Date

 Club Advisor Faculty/Staff Chaperone Date