

**Conference Attendance Agreement**

Student Name (Please print)	Student ID #
Telephone	Email Address
Street Address	City, State, Zip
Conference Name	Conference Date(s), Location

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

- I am currently enrolled at the respective college I am representing.
- No unauthorized personal vehicles are permitted to be driven to the conference without approval of the advisor.
- **I am aware that the California State Education Code and the policies of my District prohibit possession or use of alcoholic beverages during the college function, regardless of attendee's age.** (Prescriptions should be registered when turning in your application, for your own protection).
- I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned, or others. I also understand that 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 understand that this is an official field trip and that I am required to attend all possible work sessions.
- 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 the college.
- All participants must stay within the designated areas announced.
- Any exceptions must be approved by the advisor one week prior to the event date.

In addition, I understand that this Conference Attendance Agreement Form must be turned in by the time designated by the advisor and before the event date.

Signature of Student	Signature of Advisor
Print Name of Student	Print Name of Advisor
Date	Date

**MEDICAL CONSENT**

In the event of any medical emergency, I grant to the College or any of its representatives on the trip the full authority to take any action deemed necessary to protect my health and safety at my expense, including but not limited to, placing the Participant under the care of a doctor or in a hospital at any place for medical examination and/or treatment, or returning the Participant to their home city at his or her own expense if such return is deemed necessary after consultation with medical authorities.

Name of Student: \_\_\_\_\_

(Initial one of the following statements):

\_\_\_\_\_ I am 18 years of age or older and am the participant.  
My birth date is: \_\_\_\_\_

\_\_\_\_\_ I am the parent or legal guardian of participant who is under 18 years of age to whom the above statements apply and for whose benefit I am executing this Agreement.

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

\_\_\_\_\_  
Signature of Participant or Participant's Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Signatory

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Phone #

Diablo Valley College  
College Name

In case of emergency please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any prescription medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_  
List all allergies (food, medication and other): \_\_\_\_\_

**CONTRA COSTA COMMUNITY COLLEGE DISTRICT**  
**CONSENT AND RELEASE EVENT**

**In consideration of being permitted to participate in \_\_\_\_\_**  
(describe program)  
at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

I hereby represent that I will obey and uphold all of the rules and requirements established by Diablo Valley College and Contra Costa Community College District, observe all program schedules and follow all directives given to me by supervisory personnel in all matters pertaining to the event. I grant to Diablo Valley College and Contra Costa Community College District the right to terminate my participation in the event if it is determined that my conduct is detrimental to or in conflict with the event or out of harmony with the best interests of the group as a whole, in which case I shall be sent home at my own expense.

I fully recognize and agree that Diablo Valley College and Contra Costa Community College District cannot and will not be held responsible in any way for my safety, my needs or my well being during any period in which I am not directly participating in the event.

I hereby release and agree to indemnify the trustees of the Contra Costa Community College District and Diablo Valley College and all of the agents, employees, officers and cooperating organizations of the District or College, either in their individual capacities or by reason of their relationship to the trustees or to the College, from all responsibility or liability or claims of any nature whatsoever for loss, damage or destruction of property, or injury or death to person, due to any cause whatsoever occurring during my participation in this event under the direction of Diablo Valley College. In addition, I fully acknowledge that I am responsible for any injury, loss or damage to property, to myself and to others.

I grant to Diablo Valley College, Contra Costa Community College District or any of its representatives full authority to take any action deemed necessary to protect my health and safety at my expense, to include but not limited to placing me under the care of a doctor or in a hospital at any place for medical examination and/or treatment or returning me at my expense if such return is deemed necessary after consultation with medical authorities.

I have read the foregoing Consent and Release and, understanding its terms, I freely agree to all of the provisions set forth therein.

<b>Name</b>	<b>Home Telephone</b>
<b>Signature</b>	<b>Date</b>
(Parent's signature if under 18 years)	<b>Date</b>
<b>California Driver's License #</b>	<b>Vehicle License Plate #</b>
<b>Vehicle's registered owner</b>	<b>Insurance Company Policy No.</b>
<b>Emergency Contact Person</b>	<b>Phone #</b>