



CHANDLER-GILBERT COMMUNITY COLLEGE

MCCCD

# TRAVEL PACKET FOR OFF-CAMPUS ACTIVITIES AND FIELD TRIPS

STUDENT PACKET

**Office of Student Life and Leadership**  
**(480) 732-7104**

# CHANDLER-GILBERT COMMUNITY COLLEGE

## Student Emergency Information Form

Name of Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

History of Diabetes or Epilepsy? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies to Sulfa, Penicillin, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

Permission to Administer Anesthetic? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other medical conditions that you would like us to be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further authorize MCCCDC to obtain emergency transportation and medical treatment necessary in the event of injury or illness while I am at the educational site and that I accept responsibility for any emergency transportation and medical treatment expenses and any subsequent medical bills that I may incur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Parent Signature (if participant is under age 18 years of age)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Parent Signature)

- COPY TO BE IN POSSESSION OF INSTRUCTOR/STAFF MEMBER ON ALL COLLEGE TRIPS.
- COPY TO BE IN POSSESSION OF CGCC SAFETY OFFICE PRIOR TO ALL COLLEGE TRIPS.
- ORIGINAL TO BE IN POSSESSION OF STUDENT LIFE & LEADERSHIP PRIOR TO ALL COLLEGE TRIPS.

# Chandler-Gilbert Community College

## Student Behavior Agreement

### **Purpose of Agreement:**

This agreement has been developed to clarify the roles and responsibilities of all students attending trips representing Chandler-Gilbert Community College.

### **Leadership behaviors that are expected:**

- Treat everyone with respect and dignity.
- Participate in all workshops and activities. Learn new skills.
- Be team oriented.
- Help others when requested. Treat the environment and facility appropriately.
- Enjoy yourself!

### **Inappropriate behaviors that will not be tolerated:**

- Drinking alcohol.
- Using illicit drugs.
- Fighting and other forms of aggression.
- Intolerance of ethnic diversity.
- Engaging in any dangerous activity.
- Infringing on the rights of others.
- Driving a personal vehicle. (without special permission)
- Other behaviors that reflect poorly on Chandler-Gilbert Community College.

I have received and read a copy of this agreement, and I understand what is and is not expected of me for the duration of this trip. I also understand that if I have any concerns or problems while I am on this trip, I will locate my college advisor/faculty member for immediate assistance.

I further understand that any inappropriate behavior may lead to me being dismissed from the trip and sent home at my own expense if deemed necessary by my college advisor/faculty member.

---

Name of student

---

Date



**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT**  
2411 West 14<sup>th</sup> Street, Tempe, AZ 85281-6942

**TRAVEL ASSUMPTION OF RISK & RELEASE OF LIABILITY**

*Caution: This is a release of legal rights. Read and understand it before signing.*

The Maricopa County Community College District is a public educational institution. References to College ("College") include all of the Colleges within the Maricopa County Community College District ("MCCCD"), its officers, officials, employees, volunteers, students, agents, and assigns.

I \_\_\_\_\_, freely choose to participate in the \_\_\_\_\_ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

**SPECIFIC HAZARDS OF TRAVEL:** (Specific dangers endemic in this Program's area of travel.)

**INSTITUTIONAL ARRANGEMENTS:** I understand that College is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that College is providing these services only as a convenience to participants and that accordingly, College accepts no responsibility, in whole or in part, for delays, loss, damage or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that College is not responsible for matters that are beyond its control. I acknowledge that College reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by College.

**INDEPENDENT ACTIVITY:** I understand that College is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any College activity. In addition, I understand that any travel that I do independently on my own before or after the College sponsored Program is entirely at my own expense and risk.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the MCCCD and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any

claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if student is a minor)

\_\_\_\_\_  
Date