

Guam Community College
SUSTAINABLE TECHNOLOGIES and Environmental Ed. Event
PARTICIPATION, WAIVER, AND RELEASE OF LIABILITY FORM AND
ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

June 05-June 27, 2017 (8:30A~2:30P)

To Parent (s) or Guardian (s):

Please read the contents of this consent form before signing. Clarify any concerns with your child's teacher before signing. In order for your child to participate in the field trip and the project, this form must be signed.

Description of Supervision:

- Teachers and/or staff will supervise field trip.
- Parents will drop off (8:00A) and pick up (2:30P but no later than 3:30P) their child/children at Guam Community College's Multipurpose Auditorium (Building 400). This is the designated area for the **SUSTAINABLE TECHNOLOGIES CLINIC**.
- In the event of an injury or illness, emergency response to be followed by supervisory staff may include the following:

1. Assessment of the situation and provision of first aid as necessary by nursing office/staff.
2. Decision to involve emergency response teams (paramedics, etc.)
3. Contact with parent/guardian/emergency personnel immediately.

Consent and Authorization for the SUSTAINABLE TECHNOLOGIES CLINIC Field Trip

Student Name: _____ Grade Level: _____
(Print Name)

Participation, waiver, & release of liability acknowledgement and assumption of risk:

In consideration of being allowed to participate in the **SUSTAINABLE TECHNOLOGIES CLINIC**, activity, I, _____ (print first and last name) hereby release, waive, discharge, and covenant not to sue Guam Community College and its' partners in the program from all liability to myself/child, to my personal representatives, assigns, heirs and next of kin, for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of myself, by reason of accident, illness, injury, death, or other consequences arising or resulting directly or indirectly from participation in the

SUSTAINABLE TECHNOLOGIES CLINIC offered by Guam Community College.

I voluntarily elect to have my child participate in this activity with knowledge of any dangers involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. Guam Community College and the Territory of Guam assert lack of responsibility or liability resulting from participation in **SUSTAINABLE TECHNOLOGIES CLINIC** activities.

Waiver of liability and indemnification: In consideration for being allowed to voluntarily participate in the above-referenced activity, on behalf of myself/child, my personal representatives, heirs, next of kin, successors, and assigns, I forever: **a)** waiver release and discharge Guam Community College, the Territory of Guam, its agencies, officers and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims **b)** indemnify, save, and hold harmless Guam Community College, its partners in the program, the Territory of Guam and its

agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during this activity or event. I hereby consent to have my child receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release of indemnification and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

By signing this release and waiver of liability, the undersigned is aware that **SUSTAINABLE TECHNOLOGIES CLINIC** Activity/Event may involve inherent dangers and risks and the undersigned is voluntarily participating in these activities with knowledge of the dangers and risks involved and hereby agrees to accept any and all risks of injury associated thereby.

Photo & Video Release Authorization: I hereby give Guam Community College and their assigns the absolute right and permission to copyright and/or publish or use photographic portraits, pictures or video of my child(ren), or in which my child(ren) may be included in whole or in part, or composite or distorted in character or form, in conjunction with their own or fictitious name, or reproduction thereof in color or otherwise, made through any media at their locations or elsewhere, for art, advertising, trade or any other lawful purposes whatsoever.

I also give Guam Community College and their assigns the absolute right and permission to allow media print and television photographers to photograph my child(ren) for general news related reasons. I understand that Guam Community College will use discretion when allowing news media to photograph my child(ren). I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I hereby release, discharge, and agree to save Guam Community College and their assigns from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or video, or any procession leading towards the completion of the finished product. I understand that this release is for the Guam Community College and will be in effect indefinitely.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Guam Community College and I have signed of my own free will. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Participant: _____
(Print name)

Parent/Guardian Name: Print and Signature

Date

**SUSTAINABLE TECHNOLOGIES CLINIC
FIELD TRIP PARENT CONSENT FORM**
June 05-June 27, 2017 (8:30A~2:30P)
EMERGENCY & HEALTH INFORMATION



Please print all information
THIS INFORMATION IS CONFIDENTIAL

Legal Name: _____ Student ID Number: _____

Last First MI

Gender: () Male () Female Grade: _____ Date of Birth: _____

Month/Day/Year

Mailing Address: _____

PO Box / Street Name City State Zip Code

In case of an ACCIDENT OR SUDDEN ILLNESS, it is necessary that we have the following information to facilitate communication.

List three (3) people we can contact in case of an emergency:

Name	Place of Work	Home Phone	Work Phone	Cellphone

Medical Information:

Do you have any of the following conditions?

- | | | | |
|-------------------------|--------------|--|--------------|
| Asthma | ()Yes ()No | Hearing Problems | ()Yes ()No |
| High/Low Blood Pressure | ()Yes ()No | Do you wear a hearing aid? | ()Yes ()No |
| Diabetes | ()Yes ()No | Vision Problems | ()Yes ()No |
| Heart Disease | ()Yes ()No | Check the appropriate vision apparatus (if used) | |
| Epilepsy (Seizures) | ()Yes ()No | Wear contact lenses | ()Yes ()No |
| Severe Allergies | ()Yes ()No | Wear glasses | ()Yes ()No |

Other health conditions not listed above: _____

Allergy (please specify): _____

Medication (list the name): _____

Serious illness or injury (include the year): _____

Physical or emotional limitations: _____

HEALTH CARE PROVIDER INFORMATION:

Name of Family Doctor: _____ Phone#: _____ Other#: _____

Type of Health Insurance: _____ Clinic Services at: _____

Hospital you will be sent to in case of an emergency: () GMHA () Naval Hospital

I, the undersigned, do hereby authorize GCC- **SUSTAINABLE TECHNOLOGIES CLINIC** personnel to contact directly the persons named on this form, and do authorize the Health Staff to render treatment as deemed necessary in an emergency. I also authorize the GCC- **SUSTAINABLE TECHNOLOGIES CLINIC** personnel to provide the referred health agency the necessary information regarding illness or injury.

Parent/Guardian Signature

Date