



Hialeah Homestead InterAmerican Kendall Medical North West Wolfson

NAME _____ **ID NUMBER** _____

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 from and all claims and causes of action which might 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 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.

This Document and its content constitute a student record and are exempt from public records under 1002.22 and 1006.52 Florida Statutes. The contents of this document can only be disclosed with the Student's and/or Parent(s) Guardians consent.

Student Signature Date

Signature of Parent or Guardian (for students under 18 years of age) Date

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

Director of Student Life / Department Chairperson Approval Date



Hialeah Homestead InterAmerican Kendall Medical North West Wolfson

NAME _____ **ID NUMBER** _____

Permission for Emergency Treatment

I/We hereby authorize the appointed representative(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 arise from said medical treatment.

 Student Signature _____ Date _____ Signature of Parent or Guardian (for students under 18 years of age) _____ Date _____

NOTE: On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states students 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 Spells Bleeding Disorders Other (Specify) _____

Do you wear Contact Lenses Dentures

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

Emergency Contact Information

STUDENT INFORMATION

Address _____ Home Phone _____

Alternate Phone _____

Email _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Home Phone _____

Alternate Phone _____

Email _____

This Document and its content constitute a student record and are exempt from public records under 1002.22 and 1006.52 Florida Statutes. The contents of this document can only be disclosed with the Student's and/or Parent(s) Guardians consent.

 Student Signature _____ Date _____ Signature of Parent or Guardian (for students under 18 years of age) _____ Date _____