



PARTICIPANT AGREEMENT FORM

Trip/Event Specifics:
Program Name: [REDACTED]
Trip/Event Coordinator(s): [REDACTED]
Summary (nature and scope) of Trip/Event Purpose: [REDACTED]
Itinerary/Travel Dates: [REDACTED]
Flight/Travel Information: [REDACTED]
Accommodation Information: [REDACTED]
Sponsoring Department/Organization: [REDACTED]
Faculty/Staff Advisor: [REDACTED]

I, [REDACTED] (participant) hereby acknowledge that I have voluntarily decided to participate in the above detailed Trip/Event.

INFORMED CONSENT: I have been informed and am confident that I understand the various aspects of this Trip/Event including but not limited to the arrangements for finances, travel, itinerary and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries might occur during this Trip/Event. Persons involved may sustain fatal or serious injury, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment, language barriers, differing social cultures and laws. There may also be other risks not known to me or not foreseeable at this time.

ACCEPTANCE OF RISK AND RELEASE OF LIABILITY: I accept full responsibility for the foregoing risk of injury, permanent disability or death. In consideration of the opportunity to participate in this Trip/Event I release and discharge Santa Clara University, its officers, employees, and agents (hereinafter collectively referred to as "University") from all liability defined herein arising out of or in connection with my participation in the above described Trip/Event. For the purpose of this Agreement, liability means all claims, demands, causes of action, suits or judgments of any kind (including court costs and attorney's fees) that I, my heirs, executors, administrators, assignees, or any other person or entity may have against the University because of my death, personal injury, illness, or for loss arising out of the sole negligence or willful misconduct of the University. I hereby agree that this Agreement shall be constructed in accordance with the laws of the State of California.

INDEMNIFICATION: I agree not to sue the University and hold harmless, defend, and indemnify the University from any and all liability as described above that may occur due to my participation in this Trip/Event.

PARTICIPANT AGREEMENT:

I understand that University policies as detailed in the Community Handbook extend to University-sponsored events off-campus including, but not limited to, the following:

Eligibility for Participation: To participate in this Trip/Event, students must meet the minimum requirements (Eligibility Policy for Participation in Student Activities, Community Handbook).

Substances: I agree not to use any drug or controlled substance (Student Conduct Code, Community Handbook). I further agree to consume alcohol responsibly in compliance with all laws and regulations and in accordance with University policies and procedures (Alcoholic Beverage Policy, Community Handbook).

Rules and Requirements: I agree to accept all the rules and requirements of the Trip/Event and to follow instructions when given by a University or any Trip/Event official. I acknowledge that as an adult I am responsible for my actions and cannot expect twenty-four hour supervision by a University or any Trip/Event official. I further grant the right to the University or any Trip/Event official to terminate my participation in the Trip/Event if it is determined that my conduct is detrimental to the best interest of the group. In the event that I must return home, costs shall be at my own personal expense.

Medical Insurance: I hereby confirm I am covered by medical insurance that will pay for medical services required and/or received in the area(s) to which I am traveling and for the period of the travel.

Medical Consent: In the event of any medical emergency, I (initial one) DO DO NOT authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care deemed necessary for my safety and protection. Before departure, I will inform the University of any special needs (medical/physical/psychological/emotional) that may adversely affect full participation in the Trip/Event.

Agreement to Furnish Documents/Information: I agree to supply the University with all requested documentation prior to participation in the activity. Documents may include, but are not limited to, copies of passports, Emergency Information Forms, and/or Driver's Agreement Forms.

Participant Information:	
Participant Name: <input type="text"/>	Date of Birth: <input type="text"/>
Local Address: <input type="text"/>	
Local Phone: <input type="text"/>	Email: <input type="text"/>
Cell Phone: <input type="text"/>	Pager: <input type="text"/>
Permanent Address: <input type="text"/>	Permanent Phone: <input type="text"/>

Emergency Contact Information:	
Name: <input type="text"/>	Relationship to Participant: <input type="text"/>
Address: <input type="text"/>	
Daytime Phone: <input type="text"/>	Evening Phone: <input type="text"/>
Name: <input type="text"/>	Relationship to Participant: <input type="text"/>
Address: <input type="text"/>	
Daytime Phone: <input type="text"/>	Evening Phone: <input type="text"/>
Physician Name: <input type="text"/>	Phone: <input type="text"/>

Address: [REDACTED]	Medical ID Number: [REDACTED]
Health Insurance Company: [REDACTED]	
Medical/Health Information: Please describe below any health (medical/ physical/ psychological/ emotional) conditions, special circumstances, medications, or allergies the University should be aware of. [REDACTED]	

Photograph/Video Release:
I, (please print) [REDACTED], grant to Santa Clara University permission to copyright, use, reuse, publish and republish any photograph/video taken of me by the University or those commissioned by the University. This right applies to any reproductions in any form, used alone in a composite or with any printed matter or adverting copy, for any purposes of trade, advertising, publicity, promotion or education, without restrictions or limitations. I release Santa Clara University and their agents from liability resulting from any distortion, blurring, alteration, optical illusion or placement in a composite, intentional or otherwise, which may occur in the taking, processing, reproduction, publication or distribution of such photo(s). I waiver the right to approve the photos or usage.

I HAVE READ THIS AGREEMENT AND RELEASE ALL LIABILITY AND UNDERSTAND THE TERMS. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLDEGE OF ITS SIGNIFICANCE.

[REDACTED]
Printed Name of Adult Participant

[REDACTED]
Date

Signature of Adult Participant

[REDACTED]
Student ID Number