

INFORMED CONSENT, ACCEPTANCE OF RISK AND RELEASE OF LIABILITY, INDEMNIFICATION AND PARTICIPANT AGREEMENT

Santa Clara University

I, _____ (participant) hereby acknowledge that I have voluntarily decided to participate in the overnight event scheduled for _____ (date).

INFORMED CONSENT: I have been informed and am confident that I understand the various aspects of this overnight event including but not limited to access to Campus Recreation facilities, accommodations, travel, itinerary and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries might occur during this overnight 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, 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 overnight event and potentially utilize Campus Recreation fields, facilities and equipment, I release and discharge Santa Clara University, its trustees, 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 overnight 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 overnight event.

PARTICIPANT AGREEMENT: I understand that University policies as detailed in the Student Handbook extend to University-sponsored events. As described in the Student Handbook, no illegal substance or alcohol may be transported, purchased, or consumed by anyone involved in any overnight event at any time, including while involved in travel to and from Santa Clara University. As appropriate, staff will report alleged violations of the Student Conduct Code to the Office of Student Life. By signing below, I agree not to use alcohol or any illegal drug during my overnight event and I acknowledge that I have been informed of the potential consequences of violating this agreement.

I agree to accept all the rules and requirements of the overnight event and to follow instructions when given by a University official. I acknowledge that as an adult I am responsible for my actions and cannot expect twenty-four hour supervision by a University official. I further grant the right to the University official to terminate my participation in the overnight 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 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 overnight event.

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

Printed Name of Admitted Student

Signature of Admitted Student

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

MEDICAL & EMERGENCY CONTACT INFORMATION

Santa Clara University - Undergraduate Admission
ShadowSCU Overnight Program

NAME: _____
Last First Middle

HEALTH INSURANCE PROVIDER/NUMBER: _____

CURRENT MEDICAL CONDITION: _____

CURRENT MEDICATION: _____

DIETARY NEEDS: _____

MEDICAL HEALTH INFORMATION: Please describe any health (medical/physical/psychological/emotional) conditions, circumstances, medications, allergies that the University should be aware of:

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING: _____