

# Conditions of Participation

College of DuPage or any persons or party acting in its behalf shall not be liable for any injury or loss which may occur during any part of the program.

Conference/Trip: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

## **Emergency and Medical Precautions**

In case of accident or illness, College of DuPage, through its leaders, will attempt to provide aid and arrange evacuation when appropriate or necessary. Medical assistance, aside from basic first aid, is not always immediately available on trips. Costs of rescue and evacuation such as helicopters or ambulances and of medical care beyond first aid, are the financial responsibility of the ill or injured person.

In accordance with College of DuPage Board Policy, I agree to provide medical history including emergency contact, doctor's name and phone number, and a list of any prescribed medication I am currently taking. This information is to be kept confidential by the advisor and to be used only in case of emergency.

Medical insurance is advised and students can purchase an accident and sickness policy offered to College of DuPage students. Brochures are available in the Registration Office (SRC 2048) and/or in the Health Center (IC 2001).

## **Conduct of Trips**

Moving the classroom out into the world projects added responsibility for teachers, staff, and students. The advisor is in complete charge of the trip. He/she may require a trip member to leave the trip at any time if, in his/her sole discretion, he/she feels that member's further participation in the trip may be detrimental to the trip or to the member's health. All expenses incurred in leaving a trip are the responsibility of the individual. The above faculty/staff will provide reasonable supervision, instruction and/or guidance for the experience. Faculty/staff are not expected, however, to provide *in loco parentis* nor to provide supervision of free time. Students are responsible for their actions at all times.

## **Liability for Vandalism**

I agree to assume any repair and/or replacement costs which are the result of any vandalism in which I might participate in while on this trip.

## **Hold Harmless**

In consideration for my participation in the trip stated below and for other good and valuable consideration, the undersigned, for myself, my heirs, executors, administrators, and assigns, do hereby fully and forever release and discharge the College of DuPage, its officers, agents, employees, any persons or parties acting in its behalf, and their successors and assigns, from any claims or causes of action in any manner which may result from personal injuries, conscious suffering, death or property damage, sustained by myself arising out of my participation in said trip, the ownership or operation, use, maintenance, or control of any vehicle, or any other condition that may cause a personal injury in connection with, or arising out of, such trip. I further hereby agree to indemnify, and/or at the request of the College, defend and hold the College of DuPage, its officers, agents, employees and their successors and assigns, harmless from any and all claims or demands for loss of, or damage, to property, for injury or death to any third person from any cause whatsoever, and expenses, including legal expenses, arising out of any intentional, willful, or negligent act by myself at any time during said trip.

# Medical/Emergency Information

This information will be kept confidential by the advisor attending this program. This form will be destroyed at the completion of the program.

Participant' Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please indicate any medical conditions which the advisor(s) should be aware of and indicate any medications you are current taking:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

*Required only if participant is under 18 years of age*