

SELECT CAMPUS



Valencia College Bridges to Success

Student VID: ADD YOUR VID #
Campus: W E O
Cohort: BR 2019

PERMISSION FOR MEDICAL SERVICE

I hereby give my consent for the Valencia College staff or their designees to render emergency treatment or authorize medical treatment by a hospital and/or doctor(s) associated with injury for me/my child YOUR NAME. I understand I am to assume all financial responsibilities for any medical services rendered. I agree that Valencia College and staff are not liable in the event such emergency assistance is necessary.

Medical Insurance Company _____

Address _____

Subscriber Name _____ Policy # _____ Group # _____

Emergency contact information:

Contact name (s) _____

Relationship to student _____

Telephone numbers _____

_____ Parent / Guardian Signature _____ Date

_____ Student Signature _____ Date

SELECT CAMPUS ON YOUR APPLICATION

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**Valencia College
Conference Delegate Contract**

I, **YOUR NAME**, hereby agree to fulfill all the terms listed below as a delegate to **Bridges to Success from Dates: June 2019 to June 2020.**

1. I understand that, as representative of Valencia College, I will stay in the hotel room, as registered.
2. I will attend pre-conference, on-site, and post-conference delegation meetings.
3. I will attend and participate in all aspects of the conference, except as excused by the advisor attending the conference.
4. I realize that I am a representative of Valencia College, and that I have been chosen by my organization 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 our organization and Valencia College.
5. As a delegate, I will engage in behaviors that are responsible and mature. The consumption of alcoholic beverages (regardless of age), intoxication, use of illegal substances, abusive and/or inappropriate behavior is in violation of college rules and may result in dismissal from the delegation and the conference. If I am asked to leave, I understand that I must reimburse the organization and/or Valencia College for any expenses they incurred for my participation at the conference.
6. I will submit a conference evaluation and written report to Student Development no later than one week upon my return.

I understand that by signing this agreement I am making a commitment to go on this trip. If I should cancel, I will reimburse Valencia for any expenses incurred.

DELEGATE (Sign): _____ DATE: _____

VID: _____

EMERGENCY CONTACT INFORMATION:

Name _____

Address _____ City _____ Zip _____

Phone # _____

List Medications/Allergies: _____

If you are under the age of 18 have a parent or legal guardian read and sign the following statement:

I, _____ (Print Name), have read the statement above. I give permission to the advisor Accompanying _____ (print student's name) to act on my behalf if medical attention is needed or in the case of another emergency.

Parent/Guardian Signed: _____ Date: _____

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Assumption of Risk and Release

This is a legally binding Release executed by YOUR NAME HERE (the student), whose address is YOUR ADDRESS, to the District Board of Trustees of Valencia College, Florida (the "College"). I (student name) YOUR NAME HERE, agree to participate in the **Bridges to Success Program from June 2019-June 2020.**

I am aware that participating in these "Activities" involves risks of personal injury, property damage and other risks associated with the Activities. I freely agree to assume and take on full responsibility for any such risks of loss, property damage or personal injury, including death that may be sustained by me as a result of participating in these "Activities" whether caused by the negligence of the College or otherwise.

I SHALL NOT SUE THE COLLEGE FOR ANY INJURIES INCURRED AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES:

In consideration of the College making these Activities available and my being permitted to participate in these Activities, I hereby agree to release, indemnify, hold harmless and forever discharge the College, its trustees, officers, employees and agents, from any and all claims and causes of action which might be brought by me, my family, heirs, and personal representatives (s) on my behalf for loss of property, personal injury or death sustained by me arising out of travel or activity conducted during the period of my participation in these Activities. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the College (or its trustees, officers, employees and agents), including, but not limited to negligence, mistake or failure to supervise by the College.

I agree to indemnify the College for any loss or costs, including medical bills, court costs and attorneys' fees, that it might incur due to injury or damage resulting from my participation in this Activities, where caused by the negligence of the College or otherwise.

I agree that if I am a registered student of the College and participating in the College-sponsored activities, I am bound by all College rules and regulations regarding student conduct.

I agree that if I am an employee of the College and participating in College-sponsored activities, I am bound by all College rules and regulations regarding employee conduct.

This Release shall be construed in accordance with the laws of the State of Florida. In signing this Release, I acknowledge that I have read and understand it, agree to be legally bound by it, and have signed it voluntarily.

Participant's Signature

Date

Print name

VID

Student VID:
ADD YOUR VID #

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Talent Release

VALENCIA

Date ____ / ____ / ____ Student Name YOUR NAME

Address YOUR HOME ADDRESS

City _____ State _____ Zip _____ Phone _____

Intended Use: a wide variety of marketing and curriculum materials

The undersigned hereby consents to and authorizes The District Board of Trustees of Valencia Community College, Florida, its agents, assignees, heirs, successors and licensees (hereinafter "Valencia"), perpetually and exclusively to use and reproduce the undersigned's name, voice, photograph, silhouette and/or all instrumental, musical and other sound effects taken and produced by the undersigned in connection with the production described herein, and to circulate and use the same for any and all purposes in any media now known or herein devised, including but not limited to publication and advertising of every description, including print media, motion pictures, radio, television and the Internet. Furthermore, the undersigned agrees that no advertisement or other material need be submitted to the undersigned for any further approval and Valencia shall be without liability to the undersigned for any distortion or illusionary effect resulting from the publication of the undersigned's photograph or likeness by its agents, assignees, heirs, successors and licensees, and by third parties out of the control of Valencia. No further claim whatsoever arising out of, or connected with, said services shall be made by the undersigned or by the undersigned's heirs, successors, licensees or assignees.

ACKNOWLEDGEMENT:

I, YOUR NAME, have read and understand the terms of this release and I acknowledge that by signing below, this release will supersede and replace any and all other releases signed by me (whether previously or subsequently), or terms and conditions agreed to or specified by me, in connection with the above described job.

Signature _____

Parent/Legal Guardian Signature (if under 18) _____

Relationship to Talent _____

Approved By _____ Date ____ / ____ / ____