

CONSENT & DISCLOSURE ADDENDUM

STUDENT: _____ PHONE: _____
(print name)

ACTIVITY: _____ ACTIVITY DATE: _____

CODE OF CONDUCT

I understand that as a student participating in the above referenced activity, I will be subject to the supervision and authority of Faculty/Staff member(s) appointed by the President of West Georgia Technical College.

I understand that should my conduct violate the Student Code of Conduct in the most current edition of the College Student Handbook, the appointed Faculty/Staff Member has the sole authority to determine my continued participation in this activity. I understand that said College will not be responsible for any incidents that occur between the hours of 12a.m. – 6 a.m. unless I am participating in a Faculty/Staff approved activity. Should it be determined that I pose an immediate threat to myself or others, I may be required to immediately return home, providing my own transportation to do so. Any student, acting individually or in concert with others, who violates any part of the student conduct code shall be subject to disciplinary procedures.

ASSUMPTION OF RISK & WAIVER OF LIABILITY

I understand that participation in this activity may involve certain risks to my property and person that may, in rare cases, be serious or even lethal. I understand that West Georgia Technical College shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me. Therefore, I freely assume those risks associated with these activities by waiving my rights to sue or otherwise bring claims against the College, its officers, faculty, employees or agents for personal injuries, death or other harm, except for those caused by a deliberate wrongful act of the aforementioned. **It is strongly recommended that personal insurance be purchased to indemnify students against the risk of financial losses as outlined in this paragraph.*

EMERGENCY MEDICAL INFORMATION

In the event of an emergency wherein I am unable to act on my own behalf, I authorize the appointed Faculty/Staff member to take actions deemed appropriate regarding my health and safety. In the case of an emergency, I may be required to submit to a drug and alcohol screening prior to or during the course of medical treatment. Should I need medical care, please provide the treating facility with the following information:

Insurance Carrier, Phone & Group #: _____

Name of policy holder & Policy #: _____

Current medical condition(s): _____

Current medication(s): _____

Emergency contact name, relation and phone number: _____

DECLARATION OF UNDERSTANDING

I certify that I am either the student or the parent of the minor student named above. I certify that I have read this form in its entirety and understand that by signing below, I am legally bound by all portions contained therein. Furthermore, I understand that my refusal to sign this form will result in my or my minor child's ineligibility to participate in this activity.

STUDENT SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE