PARTICIPANT RELEASE FORM
MT. SAN ANTONIO COLLEGE – COLLEGE FOR KIDS PROGRAM

Participants Name:

_____

Last **First** **Middle**

Age: _____ **Date of Birth:** _____ **Gender:** θ Male θ Female

Address: _____

City: _____ **State:** _____ **Zip:** _____

Consent for First Aid Care:
If the college is unable to reach you, your emergency contacts or childcare provider in the event of a medical emergency with your child, do you give permission for college personnel to administer first aid?

_____ Yes _____ No

Emergency Phone Number:

Name: _____ Phone Number: _____

Medical Alert:

Please indicate any, and all, allergies, conditions, medication, etc., **or write "NONE":**

_____

_____

_____

Sign out authorization:
I authorize the following adults to pick-up my child from Mt. San Antonio College's "College for Kids" program.

Name and Phone Number

1. _____

2. _____

The undersigned participant and his/her parent/legal guardian agree to hold Mt. San Antonio College (Mt. SAC), its employees, trustees, officers, volunteers and agents harmless from any claims, damages, losses and/or expenses arising out of participation in the "College for Kids" activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in activities. Signature on this agreement also warrants that participation in this program is voluntary and that the participant and undersigned have read and understand the inherent risks involved in the program activities. The participant understands that these risks exist despite the college's safety precautions and procedures. The participant agrees to obey all rules and policies mandated by college personnel.

Parent/Guardian Name: _____

Signature and Date: _____