



**MT. SAN ANTONIO COMMUNITY COLLEGE DISTRICT  
Community Education Division  
Medical Consent and Hold Harmless Agreement**

Completion of this form is **required** for DRIVER'S TRAINING CLASSES. Your registration for these classes will not be complete until this form is on file with the Community Education Division office. If you are under 18 years of age, this form **must** be completed by YOUR PARENT OR LEGAL GUARDIAN. The Mt. San Antonio Community College District (Mt. SAC) will refer to \_\_\_\_\_ (please print) as the "participant" for the purposes of this Agreement..

**RELEASE**

In consideration of the permission granted by the Mt. San Antonio Community College District, I, the undersigned, hereby release and discharge the Mt. San Antonio Community College District, its officers, employees and servants (herein collectively referred to as "District") from all liability, as defined herein, arising out of, or in connection with participant's participation in the above described class. For the purpose of this Agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assigns may have against the District, or that any other person or entity may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described class and that results from any cause other than the negligence of the District.

**HOLD HARMLESS**

I further agree to hold harmless, defend and indemnify the District from any and all liability, as defined above, resulting from, or in any manner arising out of any negligence of the participant during the above described class, but not to the extent that such liability is due to the negligence of the District.

**RULES AND REQUIREMENTS**

The participant further agrees to accept all the rules and requirements of the class, to observe class schedules, and to follow the instruction given by supervisory personnel; and grants the right to terminate participation in the program if it is determined that conduct is detrimental to the best interests of the class.

**MEDICAL CONSENT**

In the event of any medical emergency, I do / do not (circle one) grant the District or any of its representatives the full authority to take any action deemed necessary to protect my health and safety at my expense including but not limited to placing me under the care of a doctor or in a hospital at any place for medical examination and/or treatment. (Please Initial one of the following statements.)

\_\_\_\_\_ I am 18 years of age or older and am the participant.

\_\_\_\_\_ I am the parent or legal guarding of the participant who is under 18 years of age to whom all of the above statements apply and for whose benefit I am executing this Agreement.

Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

If a minor is listed above, indicate relationship by checking (☒) the appropriate box: ☐ Parent ☐ Legal Guardian

***I have carefully read this Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the District and/or its affiliated organizations and I sign of my own free will.***

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

**MEDICAL INFORMATION:**

I have medical insurance coverage with the following carrier: \_\_\_\_\_

In case of an emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return to:** Mt. San Antonio College  
Community Education Division  
1100 N. Grand Avenue, Walnut CA 91789

Phone: (909) 594-5611 ext. 4220  
[www.mtsac.edu](http://www.mtsac.edu)