



## Southwest Student Organizational Funds Assumption of Risk & Off-Campus Student Code of Conduct Form

I agree that as a participant in the \_\_\_\_\_ associated with Southwest Virginia Community College scheduled for \_\_\_\_\_ to \_\_\_\_\_, I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity, including but not limited to: general club activities, meetings, travel, and community service projects.

I understand that in the event of accident or injury, personal judgement may be required by college personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the college personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all specific requests by the college for my safety or the safety of others, as well as any and all of the college's rules and policies applicable to all activities related to this program. I understand that the college reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety and welfare of others.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage, or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to, or loss of my property is directly due to the negligence of the college. I understand that this Assumption of Risk form will remain in effect during any subsequent program-related activities, unless a specific revocation of this document is filed in writing with the Dean of Student Success, at which time my participation in the program will cease.

In case of emergency contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I acknowledge that I have read and fully understand this document. I further acknowledge that I am accepting these personal risks and conditions of my own free will.*

I represent that I am 18 years of age or older and legally capable of entering this agreement

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

*If participant is less than 18 years of age the following section must be completed:*

My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during this event.

Child's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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



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Each participant on Southwest sanctioned trips will be representing the college. He or she will be expected to recognize his or her responsibility for proper conduct and to respect the rights and welfare of others. Students representing the college away from the campus will be expected to follow the Southwest Student Code of Conduct and are subject to the same disciplinary action as though they were on campus.

Action taken by the organization, the management of a facility, or any law enforcement agency shall not exclude disciplinary action by the college. Club advisors have the right to act in the event of violations or infractions to the Student Code of Conduct. Such actions will be reported to the Dean of Student Success, and the coordinator of student activities immediately upon return to the campus.

### Emergency Information:

In case of accident or injury, the following person should be contacted:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Insurance Information:

Name of insurance co.: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Are there any special health concerns or disabilities of which the college should be made aware?

YES

NO

If yes, please list or describe briefly:

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

(I have read and understand the above statements and agree to abide by them as written.)