



Student Participation Contract



Event Name

Event Date

CONTACT INFORMATION

Name

Student ID

Email

Phone

Emergency Contact

Emergency Contact Phone

CONTRACT

1. Dakota County Technical College Student Organization Representative:

I acknowledge that I am serving as a representative of Dakota County Technical College (DCTC) and that I have been chosen by my organization to represent DCTC and its interests. I understand that any action I take will affect people's opinion of my organization and DCTC.

2. Travel Accommodations/Program Participation:

I agree to stay at the designated lodging accommodations afforded by DCTC (if any) and return via any transportation arranged by the College. I will attend and participate in all aspects of the program (i.e. conference, educational training sessions, etc.). Absent an emergency, I understand I must give 72 hours' notice if I am unable to attend. I will immediately notify the designated College sponsor should an emergency preclude my ability to attend.

3. College Policies:

I understand that the rules governing student responsibility and behavior as stated in the DCTC Code of Conduct are in effect for the duration of the program. I am responsible for adhering to established policies, heeding verbal and written announcements, and exhibiting reasonable and acceptable behavior at scheduled events and on excursions.

4. Timeliness:

I understand that I will meet College Officials at the time and place scheduled and that failure to arrive on time may result in forfeiture of participation. I may be held responsible for the full cost of my participation in the event (up to \$_____). The College may consider circumstances to be beyond the student participant's control to waive the fee. The decision of the Dean of Student's as to this issue shall be final.

5. Alcohol:

I understand that DCTC prohibits the illegal or otherwise irresponsible use of alcohol by students and that it is my responsibility to know the risks associated with alcohol use and abuse. The illegal or excessive consumption of alcohol or misconduct due to alcohol consumption will not be tolerated and will result in disciplinary action, including but not limited to dismissal from the program and judiciary proceedings.

6. Drugs:

Illegal drugs as determined by the laws of the United States and the State of Minnesota in any form are not tolerated. Possession or use of illegal drugs is punishable by fine or imprisonment. Student participants found using or possessing illegal drugs in any form are subject to immediate dismissal from the program. Health Care and Emergencies: Student participant is responsible for health care and conduct.

7. Health Care and Emergencies:

Student participant understands that on rare occasions an emergency may develop which necessitates the administration of

medical care, hospitalization. DCTC reserves the right to notify emergency medical services for treatment. I also authorize any official representative(s) of the program to provide any health information as appropriate. It is understood that such treatment shall be solely at my expense and I agree to reimburse DCTC for any expenses which it might suffer on account of said injury or treatment thereof. In the event of serious illness, accident, or emergency, my designated emergency contact(s), as indicated on this document, may be notified. I have given careful consideration to, and assume responsibility for, any pre-existing medical conditions that may be impacted by my participation in this program.

8. Conduct and Dismissal:

Student participant will be subject to all laws including United States, State of Minnesota, and any locality where the student participant might be. I understand that the official representative(s) of DCTC has the right to dismiss me from the program at any time if: a) my conduct is deemed unacceptable or violates established rules of behavior; b) I violate laws, rules and regulations of the United States, the State of Minnesota, or the locality where I might be located; or c) the official representative(s) has reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons, including myself, or property. Student Participant understands that a decision to dismiss from the program will be final; that separation from the program will terminate my status as a program participant; and will remain responsible for costs incurred on my behalf. I understand that once dismissed I will not be allowed to remain in program facilities nor participate in any program activities.

9. Release of Liability:

The School, Instructor and project volunteers cannot directly supervise the Student during travel. Nor can they certify to the competence of any student or adult driver. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the College, the State of Minnesota, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) (“Releasees”) from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the event whether caused by the negligence of the Releasees or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releasees

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorney’s fees, which arise out of, occur during, or are in any way connected with my participation in the field trip. Student agrees to the regulations of travel, and accepts full financial and legal responsibility for any cost of the travel and the conduct of Student. Student understands the costs of accidents, illness, delays, or unforeseen emergencies are not covered in School tuition or travel fees for specific activities.

MEDICAL INFORMATION

List all prescription drugs which are necessary for you to take on trips or activities and what they are for (if none, write “none”):

Do you have any current or past health concerns you feel we should be made aware of (allergies, asthma, diabetes, epilepsy, broken bones, sprains, dislocations, heart conditions, etc.)? Please explain (if none, write “none”):

SIGNATURE

I, the undersigned, affirm that the information disclosed on this travel authorization and information form is true and correct. I also confirm that I understand and agree to the information detailed above.

Signature

Date