

**Santiago Canyon College  
Community Services Program  
Medical Release/Waiver Form**

By my signature below, I hereby give permission for my child(ren)  
(names) \_\_\_\_\_  
to participate in the "College for Kids Program". In permitting the above named child to participate in the program, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever or however the same may occur and for whatever period said activities may continue. In the event of illness or injury, I do hereby consent to whatever medical and/or dental treatment are considered necessary in the best judgment of the attending medical staff, and/or Rancho Santiago Community College District staff. I also understand that Rancho Santiago Community College District does not provide health and medical insurance for participants.

**Photograph/Media Release:** Rancho Santiago Community College District has my permission to take photographs to be used for publicity purposes. I realize that no commercial use will be made of the photographs or information.

**A responsible adult must accompany your child to the class site and must pick up your child at the site immediately following the completion of the class.**

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Signature of Parent or Guardian

Date

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Print Name of Parent or Guardian

Daytime Phone Number

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Emergency Contact/Relationship (Required)

Emergency Phone Number

**Please mail or Fax before class begins**

Address: 8045 E. Chapman Avenue  
Orange, CA 92869

Fax #: 714. 628.0474

If you have any questions please contact us at 714.628.4960