



- Field Trip – Thursday, Jan 31, 2019
- Field Trip – Thursday, Feb 28, 2019
- Field Trip - Thursday, March 25, 2019
- Thursday, March 28, 2019—Luncheon at the Jacaranda

*Completion of this form will cover any / all of the 2019 LLI field trips.  
Please complete form and submit with your registration form.*

## EMERGENCY CONTACT / CONSENT FOR FIELD TRIP

I do willingly execute this release in consideration of the educational benefits to be derived by me by my participation in a College-sponsored activity. I hereby release from liability and hold the College harmless from any and all claims and causes of action which might be brought by me, my spouse and/or dependents for any claim, loss of property, personal injury or death, including court costs, attorney fees sustained by me arising out of any travel or activity conducted by or under the control of the College. It is understood that the College as used herein shall include the employees, administrators, agents and District Board of Trustees of the College.

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby authorize the appointed representative of South Florida State College to obtain and authorize medical treatment as is necessary to protect my well-being including authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I/we do hereby release and agree to hold harmless South Florida State College and its representatives from any and all claims which may arise from said medical treatment.

### Organized Activity

Program Name: \_\_\_\_\_ Lifetime Learner Institute—2019 \_\_\_\_\_

### Participant Information

Participant's Legal Name: \_\_\_\_\_  
Last Name First Name

Participant's Preferred Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street address City State Zip

### Emergency Contact Information

#### Contact #1—

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

Relationship: \_\_\_\_\_

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

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

#### Contact #2 —

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

Relationship: \_\_\_\_\_

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

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

Participant Signature: **x** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_