



OFF-COLLEGE ACTIVITIES RELEASE FORM

Activity/Course: _____

Person Responsible/Teacher: _____

Date: _____ Time: _____

Student Information

Family Name _____

First Name: _____

Address: _____

City _____

Province _____

Postal Code _____

() _____
Telephone Number

Is there anything in your medical history that we should know about? If yes, please list below. (i.e. medication, heart murmur, allergies, etc.)

Release

In signing this release form I release and discharge all liability from Heritage College, all its employees and agents, from any incident arising out of participation in this event.

Signature: _____ Date: _____

(To be signed by parent or guardian if student is under 18)

please see over...

Memorandum of Understanding

By participating in this Heritage College event, I accept to fully abide by the regulations outlined by the College in the provisions of the Heritage College Student Code, and by the rules in effect for this particular activity as defined by the coordinator of the event.

I understand that a breach of any of the above noted regulations will result in automatic dismissal from the event, which will include being sent home (at own expense) and the possibility of further sanctions imposed by the College.

Student Name

Date

Parent's Signature