



## Medical Release and Liability Waiver

In the event of an emergency, the undersigned hereby gives to Shoreline Community College, its officers, employees, agents and host families full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as agent of the undersigned student and parent/guardian regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to, the following: Rendering or ordering medical treatment; the giving of medication; and any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understands that a reasonable attempt will be made to contact the undersigned parent/guardian or emergency contact before any action is taken. The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at Shoreline Community College.

The undersigned agrees to purchase and maintain adequate medical insurance while attending Shoreline Community College. The college assumes no responsibility for verifying the standards of coverage if purchased outside the college's plan. The undersigned represents that the named student has no medical restriction that limits his/her full participation in the programs and activities of Shoreline Community College, except as disclosed in any writing attached to this document.

Permission is given for the student to participate in all activities offered at Shoreline Community College, except as restricted in any attached writing. To the fullest extent permitted by law, the undersigned hereby releases Shoreline Community College, its officers, employees, agents, and host families from all liability, and waive and release all claims, related to or arising from such decisions or actions as many be taken under the authority of this document.

**"I verify that to the best of my knowledge all of the statements on this form are true. I have read and agree to the published Medical Release and Liability Waiver statements above."**

_____	_____	____/____/____
Student's Name (please print)	Age	Birthdate (mm / dd / yyyy)
_____	_____	____/____/____
*Student's Signature		Date (mm / dd / yyyy)

***\*Students under the age of 18 must have parent/guardian's signature to AGREE with the above statements and AUTHORIZE Shoreline Community College to release academic and immigration records to student's sponsor, educational agency, and/or parents.***

_____	_____	____/____/____
Parent/Guardian's Name (please print)		
_____	_____	____/____/____
Parent/Guardian's Signature		Date (mm / dd / yyyy)

**\*\*\*Please sign and return to the International Programs office (Room 9303)\*\*\***