
Name (please print Last, First)

Year

Los Angeles Harbor College Extension Office of Community Services

Community Education Class Release & Parent Information (please read carefully and print)

I acknowledge and understand that my child's Participation in this Community Services class is voluntary.

I understand that if my child is injured in connection with his/her participation in a Community Service course, there may not be any liability on the part of the Los Angeles Community College District or Los Angeles Harbor College. In addition, I will be required to file a claim with the Los Angeles Community College District within six months of the injury in order to request any reimbursement from the District.

In the event of any illness or injury, you may have my authorization to administer emergency treatment and transportation, x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child.

Does your child have any physical impairments, medical conditions, or medication allergies that we should be aware of? If yes, please explain:

The Los Angeles Community College District and The Los Angeles Harbor College Extension Program are responsible for minor students only during the actual instructional time period. Parents are responsible for the student's safe arrival to and departure from class. If you would like your child to be released at the end of class to meet you or to walk home, sign the permission waiver below.

My child has my permission to arrive and leave class on his/her own:

Parent/Guardian Signature:

I fully understand that my child is to abide by all rules and regulations governing conduct during this activity. My signature on this document acknowledges that I have read and understand the provisions stated here and agree to abide by each provision.

Child's Name

Child's Birth date

Parent/Guardian Name

Parent/Guardian Signature

Date

Address

City

Zip

Home Phone

Business Phone

In the event of illness, accident or other emergencies, please notify:

Name

Phone number

Photography/Film/Video/Audio Recording Release Form

I hereby authorize the Los Angeles Community College District ("District"), through its employees, agents, and/or representatives to photograph, film, video, or use my voice and/or likeness in District publications, including, but not limited to, class schedules, handbooks, catalogs, commercials, compact discs, audio recording, or other promotional media on an unlimited basis. I acknowledge that I am not entitled to any form of payment for the use of my likeness or for any future photo, film or video publications. I also agree to waive any and all future claims, causes or actions and/or demands against the District, its Board of Trustees, officers, employees, agents and/or representatives related to or arising from the use of my likeness in district publications.

My signature on this document acknowledges that I have read and understand the above provision and agree to abide by these terms. I am over 18 years of age or a legally emancipated minor.

Full Name (please print)

Signature

Date

Parent/Guardian Name (please print)

Signature

Date