



CONTRACT EDUCATION
REGISTRATION, INVOICE & PAYMENT FORM

Printed Name: _____

Your signature below confirms that you are in agreement to all of the terms, conditions and fiscal charges associated with this training.

Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Name of Agency: _____ Billing Contact: _____

Training:

Title: _____

Date(s) and Time(s): _____

Location: _____

Cost: _____

Number of Trainings or Students _____ X \$ 350.00 = Subtotal \$ _____
[Includes enrollment fee plus student materials]

TOTAL AMOUNT DUE \$ _____

TO PAY BY CREDIT CARD:

COMPLETE THE FIELDS BELOW, PRINT & SIGN YOUR NAME.

FAX TO: ALLAN HANCOCK COLLEGE, ATTN: Denise Baldwin, AT 805-737-0319

OR MAIL TO: DENISE'S ATTENTION AT THE ADDRESS BELOW.

Method of Payment (check one): _____ O VISA _____ O Master Card _____ O Discover _____ O American Express

Credit Card #: _____ Security Code: _____ Exp. Date: ____/____/____

Print Name (as it appears on your card): _____

Authorizing Signature: _____

I authorize Allan Hancock College to charge the card above for the total amount due.

TO PAY BY CHECK:

Mail this form and your check to: Allan Hancock College
Attn: Monique Fernandez/Denise Baldwin
800 S. College Drive
Santa Maria, CA 93455

Questions:

Contact Denise Baldwin at
denise.baldwin@hancockcollege.edu

Contract Education



Registration Form:

- Complete and sign this form.
ONLY ONE PERSON PER FORM.
The form may be duplicated.

Please print clearly.

NAME (First Middle Initial Last)

H

Student ID Number

-OR-

X X X X X

Social Security Number

Month Day Year (4-digits)

Birth Date

Have you attended Hancock before? Yes No

TRAINING TITLE & DATE OF DELIVERY

X

Student Signature

Date



ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Use with all athletics/sports, physical education activity courses recreation, field trips and high-risk classes, i.e., athletics, public safety, performing arts, labs, dance.

_____ wishes to participate in the Allan Hancock Joint
(PRINTED NAME)

Community College District sponsored activity(ies) of

Instructor/Advisor _____ Course #/Activity _____

Course/Club Name _____

I understand and acknowledge that these activities, by their very nature, may pose a potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/ illnesses that may result from participating in these activities include, but are not limited to, the following:

1. sprains/strains;
2. fractured bones;
3. unconsciousness;
4. head/neck/back injuries;
5. paralysis;
6. loss of eyesight;
7. death;
8. communicable diseases
9. or other serious injury

I understand and acknowledge that in order to participate in these activities; I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me as a result of my actions that is incidental to and/or associated with preparing for and/or participating in the activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation and any passengers who I might transport, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided is for informational purposes and is not mandatory. I understand that I am responsible for arranging for my own transportation.

Per Education Code § 87706, when the district does not provide transportation to and from the school premises to attend a school-sponsored activity off of the school premises, the district, its officers, and employees shall not be held liable for the conduct or safety of any student at any time when the student is not on school property.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements, and the college assumes no responsibility or liability of any kind.

I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity (ies).

I hereby release, waive, discharge, indemnify and hold harmless the Allan Hancock Joint Community College District, its officers, employees, board members and agents from all liability from any loss, damage, accident, injury, or death related in any way to this field trip, excursion or other off-campus curriculum-related activity.

I acknowledge that I have carefully read this ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

Student Signature

Date

Parent's Signature (if minor)

Date

IMPORTANT NOTE: Before a student will be allowed to participate in the above activity(ies), a signed Acknowledgment and Assumption of Potential Risk form must be on file each semester and retained within the department for 14 months from the end of activity per the statute of limitation (Gov. Code Sec. 911.2).