

**Santa Rosa Junior College
Activity Notice and
Medical Authorization-Adult**

Print Name: _____

Address: _____ Phone: _____

SRJC Activity: _____

Location: _____ Date & Time: _____

As stated in California Code of Regulation, Subchapter 5, Section 55450, I understand that I hold Sonoma County Junior College District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my participation in this activity.

In the event of any illness or injury, I hereby consent to whatever 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 my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Signature: _____ Date: _____

Medical Insurance Carrier Policy No. Address

In the event of illness or accident, please notify:

Name Address Phone

If there are any special medical problems, kindly attach a description of the problem to this sheet. Thank you.