

**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.