



**Campus Life - Richland Community College**  
**Student Club/Organization Agreement & Emergency Contact Information Form**

Participant's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_-\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, have been granted permission to participate in all student club/organization activities sponsored by the Office of Campus Life at Richland Community College.

I understand that the very nature of the activities sponsored by Campus Life involves a certain amount of risk. I recognize that Richland Community College, as well as the organizations contracted by the Office of Campus Life, has taken careful measures to minimize the risks involved to the participants. Thus, it is my responsibility to abide by these measures for not only my safety, but the safety and enjoyment of everyone involved. I understand that failure to abide by these measures is at my own risk, and could result in physical injury or even death. Further, I acknowledge that the College provides no medical, long-term disability or life insurance for me, and as such, I assume full responsibility for my medical or loss of time expenses, if any, should occur during periods of the event.

In exchange for the privilege of participating in these activities, I hereby waive any legal claim against those associated with Richland Community College in the event that I am injured while participating in student club/organization activities, and travel to and from the same.

I hereby give my consent, in the case of injury, to have a medical doctor, nurse, hospital, or clinic, or other authorized medical practitioner to provide me with medical assistance and/ or treatment, and agree to be financially responsible for the reasonable cost of such assistance and/ or treatment.

\_\_\_\_\_  
 Signature of Student Date

\_\_\_\_\_  
 Signature of Parent/Guardian (if student is under the age of 18) Date

**Informed Consent for Release of Information:** By signing below, I grant permission for Richland Community College. to use my name; any photos, film, or videos of me or my likeness; and/or any other identifying information about me, in legitimate accounts of my work and experience as a student participant in student club/organization activities.

\_\_\_\_\_  
 Signature of Student Date

\_\_\_\_\_  
 Signature of Parent/Guardian (if student is under the age of 18) Date

**Emergency Contact:**  
**Parent/Guardian:** \_\_\_\_\_

**Daytime Phone:** ( ) \_\_\_\_\_ **Evening Phone:** ( ) \_\_\_\_\_

*In an emergency when parents cannot be reached, please contact:*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Daytime Phone:** ( ) \_\_\_\_\_ **Evening Phone:** ( ) \_\_\_\_\_

**Health Allergies:** \_\_\_\_\_ **Medical Conditions:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Insurance Information**  
**Health Insurance Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Physician Phone:** \_\_\_\_\_

Thank you! Please fill out and return this form by mail, email or fax to Heather Kind-Keppel.  
 The Office of Campus Life, One College Park, Decatur IL 62521;  
 (217) 875.7211 ext. 305; hkindkep@richland.edu