



HIGH SCHOOL PARTNERSHIP/DUAL ENROLLMENT AGREEMENT

Semester and Year (Ex: Fall 2019) _____

Student's Name: _____
Last First Middle Initial

Student's Address: _____ Chaffey ID: _____

City/State/Zip: _____ Phone: _____

High School: _____ Grade Level: _____

COURSE & SECTION NUMBER	UNITS	COURSE & SECTION NUMBER	UNITS
ADD CODE (if required)		ADD CODE (if required)	

My counselor and I have selected the degree-applicable courses above. I understand that I may not enroll in more than 11 units in any Fall and Spring term, and 6 units in Summer. I also understand it is my responsibility to pay for all applicable fees associated with my courses at the time I register, or I may be dropped from my course(s). I will attend the first day of instruction and will continue to attend all courses for which I am registered. **HIGH SCHOOL PARTNERSHIP:** It is my responsibility to share my schedule with my parent and high school counselor and update them with any changes I make to my schedule. I authorize Chaffey College to enroll me in class(es) on my behalf and to provide my grade(s) and transcripts to my high school.

Student Signature _____ Date _____

Print Student Name _____

Parent Consent: I give my consent for _____ to be enrolled at Chaffey College as a special part-time student. I understand that my son/daughter is being considered for admission as a college student and will abide by all college rules, regulations, and deadlines. I understand that costs for community college courses are the responsibility of the student. I understand that under FERPA, Chaffey College will not release any student records other than directory information to anyone, including the parent(s), without the written consent of the student.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

As Principal or Authorized Designee, I recommend this student be permitted to take the college level degree applicable courses indicated above.

High School Principal/Authorized Designee _____ Date _____

OMNITRANS – We offer the Omnitrans Go-Smart Program, which enables you to ride any of Omnitrans' fixed route buses with your Chaffey College Student ID Card for a per-semester fee of \$8 for a part-time student. Please check the box below if you wish to opt-in to pay the fee and use this service. Payment must be received to be eligible.

I wish to participate in the Omnitrans Go-Smart Program through Chaffey College. I understand there is an additional fee of \$8 for part-time enrollment, and that I must remain actively enrolled in order to use this service.

Student Signature _____ Date _____

BACK OF FORM MUST BE COMPLETED

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Hereinafter called the "Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Chaffey Community College District, its officers, employees, and agents from liability from any and all claims including the negligence of the Chaffey Community College District, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the High School Partnership/Dual Enrollment Program (the Activity).

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD CHAFFEY COMMUNITY COLLEGE DISTRICT HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California including Education Code Section 72640 and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read all previous paragraphs, including the waiver of liability, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the Activity, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge my participation is voluntary, that I knowingly assume all such risks, and that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the extent allowed by law.

In the event of any illness or injury, I give full authority to the district staff to obtain such medical treatment and/or surgery from a licensed physician/surgeon, paramedic or hospital as deemed necessary for the welfare of my child. I acknowledge that I fully and completely understand the potential risks that may be associated with this Activity and that my child's participation is strictly voluntary.

Additional Information - Supervision of Minors: Chaffey College assumes no responsibility for the supervision of minor students outside the classroom setting. Parents are responsible for providing transportation and ensuring their children are supervised before and after class, and if or when a class is cancelled or dismissed earlier than the scheduled time. Chaffey College will not call the parent/guardian if a student is absent, nor will we verify attendance.

Course Content – College is an adult environment with minimal supervision. Discussion topics and course materials are generally designed for adult students and may not be appropriate for younger students. Course content will not be altered to accommodate younger students.

Internet Usage - Many courses required computer lab work or research projects that could involve the Internet. Chaffey's computer network provides access to the Internet in classrooms, labs, and the library. The College does not block access to specific Internet sites. As a result, it is possible for your son/daughter to reach an Internet site that you may feel contains inappropriate material.

My signature below accepts the terms and acknowledges the information outlined above. My son/daughter has my approval to enroll in Chaffey College courses.

Student Signature Date Participant's Date of Birth (m/d/yy)

Signature of Parent/Legal Guardian Date Day Phone

Print Parent/Legal Guardian Name Night Phone

Name of Health Insurance Company Policy/Group Number

Medical Problems (check one) None Yes, Please Explain _____

Emergency Contact: In the event of accident or sudden illness, Chaffey College will attempt to contact the parents at the phone number(s) listed above. Please list a designated alternate contact in case we are unable to reach you.

Name Relationship Phone