Santa Clara University
Center for Student Involvement
Minor Chaperone Agreement

This form is due prior to participation in any program or activity sponsored by the student organization listed below.
IMPORTANT NOTE: *Only individuals who are 18 years of age or older may serve as a chaperone for minors.*

Name of Santa Clara University (SCU) Program/Activity: _____

Date of Program/Activity: _____ Location of Program/Activity: _____

Name of Sponsoring SCU Student Organization: _____

Name of Participating Group in SCU Program/Activity: _____

Number of Minors in Participating Group: _____
(younger than 18 years of age)

Number of Adults in Participating Group: _____
(18 years of age or older)

Your Full Legal Name: _____

Your Student ID Number (if applicable): _____

Acknowledgments. As a chaperone for the Participating Group listed above I agree to abide by all policies and procedures set forth by Santa Clara University ("SCU" or the "University") and the Center for Student Involvement, including but not limited to the following:

a) I understand that, as a condition of my participation, I must submit to and pass a background check.
b) I agree to supervise all minors in the Participating Group at all times making sure they are accounted for and present with the Participating Group throughout the duration of this Program/Activity.
c) I agree to ensure that all minors are under the direct supervision of a chaperone at all times and that no minor is permitted to separate from the Participating Group.
d) I agree to ensure that the Participating Group will show respect for Santa Clara University facilities and any other host facilities used for this Program/Activity.
e) I understand that serious injuries may occur during participation in this Program/Activity and that participants in activities associated with this Program/Activity occasionally sustain fatal or serious personal injuries, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others. There may also be other risks not known to me or not foreseeable at this time. I accept full responsibility for the foregoing risk of injury, permanent disability, or death.
f) In consideration of the opportunity to participate in this event, I release and discharge Santa Clara University, its officers, employees, and agents (hereinafter collectively referred to as "University") from all liability, however derived, that may arise out of or in connection with my participation in this Program/Activity.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. BY SIGNING THIS FORM I AFFIRM THAT I AM 18 YEARS OF AGE OR OLDER.

_____
Signature of Chaperone Print Name Date

_____
Signature of Center for Student Involvement Print Name Date