Overview
(The Contents of This PowerPoint)

• How to Apply Online to Feather River College

• High School Co-Enrollment Form

• Feather River College’s Liability and Medical Consent Form

• Checklist of Necessary Enrollment Tasks
How to Apply to Feather River College:

Step 1: Visit Feather River College’s Website at www.frc.edu

Step 2: Hover over the admissions tab, then click on the “Apply Now” button (see image lower left)

Step 3: Create User Account and Follow onscreen prompts (see image lower right)

Step 4: Use your new student ID# to enroll in the classes you are interested in

Contact admission and records if you have any enrollment issues: (530) 283-0202 x222

Search
Login
First time user account creation
Return to Homepage

Admissions Login

If you are a first time or transferring student you will need to complete an Online Application. Please click the "First time user account creation" link below.

If you are returning to complete your Online Application, please enter your Login ID and PIN and then select Login.

If you have taken courses at Feather River College, please contact the Admissions & Records Office at (530) 283-0202, extension 211 or 222 to obtain your Login information.

Login ID:
PIN:

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High School Co-Enrollment Form:

Step 1: Fill out page 3 in its entirety

Step 2: Obtain the Following Required Signatures on page 4 (see image below)
Liability and Medical Consent:

**Pg 1:**

Feather River Community College District

**Student Travel Form**

**Acknowledgment and Assumption of Potential Risk**

Completion of this form is required by State regulation and District policy for all student travel, excursions, field trips, activities and tours. If the participating student is under 10 years of age, this form must be completed and signed by the participant and the participant's parent or legal guardian.

California Code of Regulations, Title 5, Section 55450 provides, in part, as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of students traveling out of state for field trips or excursions shall sign a statement waiving such claims."

The District has granted permission to participate in

dates and approves the activity:

**Acknowledge and Assumption of Potential Risk**

understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury and/or illness to individuals who participate. I understand and acknowledge that some of the injuries and/or illness which may result from participating in these activities include, but are not limited to, the following: sprains, strains, fractures, broken bones, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, blood borne pathogens and/or death.

understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

understand, acknowledge and agree that the District, its employees, officers, agents or volunteers, shall not be liable for any injury and/or illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity.

I agree to hold harmless, defend and indemnify the District from any and all liability, resulting from, or in any manner arising out of the activity.

**Rules and Requirements**

The Participant further agrees to accept all the rules and requirements of the trip, observe the program schedules, and to follow the instructions given by supervisory personnel and grants the right to terminate participation in the program if it is determined that conduct is detrimental to the best interests of the group, in which event return home shall be at personal expense. Any violation of District rules or regulations may be cause for suspension or expulsion from the college, subject to the District student due process procedure upon return.

**Responsibility**

The Participant fully recognizes and agrees that the District cannot and will not be held responsible for needs or well-being when not under direct supervision of District personnel during the activity.

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**Pg 2:**

**Medical Consent and Disclosure Form:**

- **Participant:** has no known medical condition(s), which may pose a risk to the health and safety of others or me by participating in the activity or activities. Participant agrees to advise the District in writing of any medical, physical or health condition that may be affected or in any way jeopardized by participating in a field trip, excursion or activity. In the event of any medical emergency, Participant (initial one) does not authorize and consent in any way examination, anesthetic, sedation, dental or surgical diagnosis or treatment, unless specifically approved by the District program supervisor deemed necessary for the safety and protection of the Participant.

**Instructions:** Please share with program faculty any known medical concerns that should be aware of. The list of medical concerns includes, but is not limited to, the following:

- **Back problems**
- **Knee problems**
- **Any prescription medications**
- **Diabetes**
- **Epilepsy or convulsions**
- **Pregnancy**
- **Allergies**
- **Asthma**
- **Neuropathy**
- **Orthopedic issues**
- **Others**

I have read the Acknowledgement and Assumption of Potential Risk and understand its terms. I have disclosed all known medical concerns, I execute voluntarily and with full knowledge of its significance.

**Signature of Participant:** Required of all participants, regardless of age.

**Date:**

**Signature of Participant's parent or legal guardian:**

**Date:**

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Initial one or the other
Liability and Medical Consent (Cont.):

Feather River Community College District

RELEASE OF LIABILITY AND MEDICAL CONSENT FORM
Hazardous Activities Class

I, the undersigned, certify that I desire to participate in the following [ ]

Course No. Course Name [ ]
Instructor [ ]
Course Index [ ]

I understand that participation in this class and its activities is voluntary; it is further understood that the class and its activities, by their very nature, pose a high degree of risk of injury or illness, including death, and that willingly and knowingly wish to participate in spite of these risks.

In consideration of the benefits provided by the Feather River Community College District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the SCHOOL DISTRICT; its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts or omissions caused by the DISTRICT or any of its officers, agents, employees or volunteers as a result of my participation in the class, and its activities.

I understand that participation in this class and its activities is voluntary; it is further understood that the class and its activities, by their very nature, pose a high degree of risk of injury or illness, including death, and that willingly and knowingly wish to participate in spite of these risks.

In consideration of the benefits provided by the Feather River Community College District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the SCHOOL DISTRICT; its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts or omissions caused by the DISTRICT or any of its officers, agents, employees or volunteers as a result of my participation in the class, and its activities.

I hereby release the DISTRICT, its officers, agents, employees and volunteers from all claims and lawsuits that I, my successors, assigns, or anyone acting on my behalf may have or hereafter at any time have for injury or damage: (1) Resulting from the dangerous or other condition of any of the DISTRICT's property or premises; or (2) Suffered by me while participating in or traveling to or from, the class and its activities.

I agree that the DISTRICT makes no representations or warranties as to the repair or condition of the property, equipment or facilities, which I will be using, and I take such property, equipment and facilities AS IS. I further agree that it shall be my obligation, not the DISTRICT, to assure that the property, equipment and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty and, not the DISTRICT, to inspect such property, equipment and facilities before they are used, and to take affirmative steps to repair, or where necessary, warn in order to prevent injury to person or property.

I have carefully read this agreement, and fully understand its contents. I am aware that this is a Release of Liability, Medical Consent Form and a legally binding contract between the Feather River Community College District and me, and that it is in my own best interest.

MEDICAL CONSENT
Participant has known medical condition(s), which may pose a risk to the health and safety of Participant or others participating in the activities. Participant agrees to advise the District of any medical condition, physical or health condition that may be affected or in any way exacerbated by participating in the activities. In the event of any medical emergency, Participant authorizes and consents to any necessary medical treatment, and hospital care that the District program supervises to preserve the safety and protection of the Participant.

Participants Name: [ ]
Participants Address: [ ]
[ ]

Written signature of parent/guardian:

Date:

Feather River Community College District

RELEASE OF IMAGES AND MEDIA FORM

I grant permission to Feather River College and its employees and agents, to take and use visual images of me. Visual images are any type of photographs, digital images, drawings, renderings, video recordings or accompanying written descriptions. I agree that the photographer owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such college sponsored web sites, publications, promotions, advertisements, and posters, as well as for non-college uses. I waive any rights to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release FRC and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images, or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

Printed Name: [ ]
Telephone or email address: [ ]

Signature: [ ]
Date: [ ]

Address: [ ]
City: [ ]
Zip: [ ]

Office Use Only:

Project Name: [ ]
Photographer Name: [ ]
Signature: [ ]

Notlet: [ ]
Checklist of Necessary Enrollment Tasks:

- I have applied to be a Feather River College student using the online registration process
- I have filled out page 3 of the “High School Co-Enrollment Form” as well as obtained the listed signatures on Page 4
- I have read and understand the Feather River College Student Travel Form (pg.1), Medical Consent and Disclosure Form (pg.2), Release of Liability Form (pg.3), and Image Use Release Form (pg.4)