

TRIP PARTICIPATION/ASSUMPTION OF RISK & RELEASE FORM
Please Print Neatly

Participant Name: _____ Student ID#: _____

Email: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Student: _____

Trip Name: Stony Brook University Club/Organization: Special Programs/Position Your Transition (PYT) Trips

Location: Stony Brook, NY Date(s): Friday, April 25, 2025

STUDENT CODE OF CONDUCT AGREEMENT

I, _____, will honor the integrity and reputation of Suffolk County Community College (SCCC) and conduct myself in an appropriate manner while participating in the above trip. In addition, I acknowledge and understand that, as a condition to being granted permission to participate in this off-campus trip, I am required to remain with the group for the entire trip, including travel to and from the above-identified destination.

I further understand and acknowledge that, at all times during the trip, I am subject to the provisions of the SCCC Student Code of Conduct and Conduct Process, as well as federal, state and local laws, rules and regulations.

THIS IS A RELEASE OF LEGAL RIGHTS - READ AND UNDERSTAND BEFORE SIGNING

I hereby agree as follows:

- Risks of Participation.** I understand that participation in the above Program (the "Program") at Suffolk County Community College, or Suffolk Community College Association Inc, ("College") involves certain risks inherent in any off campus activity. These include, but are not limited to: injuries, illnesses, deaths that may occur resultant from, while participating in, or related to the Program; any losses or claims that occur resultant from, while participating in, or related to the performance of activities, duties or undertakings related to the Program; and other matters that may or may not be able to be anticipated. I acknowledge that all risks cannot be prevented. I have made my own investigation and am willing to accept these risks.
- Institutional Arrangements.** I understand that the College/Association does not represent, or act as an agent for, and cannot control the acts or omissions of, any service provider, event sponsor, event personnel or other person/entity affiliated with the Program. I understand that the College/Association is not responsible for any matters that are beyond its control and I assume those risks. I hereby release the College/Association from any injury, loss, damage, accident, delay or expense arising out of any such matters.
- Health and Safety.** There are no health-related reasons or problems that preclude or restrict my participation in this Program.
- Assumption of Risk and Release of Claims.** Knowing the risks, and in consideration of being permitted to participate in the Program, I agree, on behalf of myself, my heir(s), my executor(s), assignee(s) and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the County of Suffolk and the College/Association, its officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program.

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon execution and shall be governed by the laws of the State of New York, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

X _____
Signature of Participant (Parent/Legal Guardian if Participant is under 18*)

Date

* _____ I (A) am the parent/legal guardian of the above Participant, (B) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible to the obligations and acts of the Participant as described in this Release Form, and (D) agree, for myself and for the Participant, to be bound by its terms.

Suffolk County Community College
AUTHORIZATION & RELEASE
For Use of Name, Voice and Likeness

I, _____, hereby grant Suffolk County Community College ("the College") irrevocable permission to use my name, voice, quotes, image, visual likeness, portrait, and photograph in all forms and media (including, but not limited to, publications, websites, catalogs, brochures, books, magazines, photo exhibits, motion picture films, and/or videos) (collectively referred to as "Works") for the following proposes:

1. Teaching;
2. Admissions applications;
3. Professional journal and papers;
4. Institutional publicity and public relations;
5. Archival purposes; and
6. Any other purpose which the College deems fit in the interest of education, knowledge, research, marketing, advertising, or public relations.

I agree that all right and title and interest in and to all such Works and any reproductions or derivative work thereof shall be the exclusive property of Suffolk County Community College. I understand that the College may keep or may use the Works and derivative works now and in the future.

I further consent to the use of my biographical material in connection with such photographs or other portraits or likenesses of me.

I agree that the College does not owe me any compensation for the acts I have consented to in this agreement.

I hereby release Suffolk County Community College, its officers, directors, agents and employees from all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have carefully read and understand the terms and conditions of this Authorization and Release, and agree to be bound by them.

Signature Date

Printed Name

Signature of legal guardian is needed if subject is under age 18

Printed Name of Legal Guardian Date

**COLLEGE ADMINISTRATIVE OFFICES
OFFICE OF THE REGISTRAR**

Authorization to Release Education Information

Student Last Name, First Name

Student ID Number

The Family Educational Rights and Privacy Act of 1974 (FERPA) serves to protect the privacy of students' education records. The right to review records resides with you, the student. However, you may choose to allow information in your education records to be released to others, such as parents. This signed form will allow Suffolk County Community College to release information contained in your education records, i.e., schedule/bill, grades/GPA, etc., to those you indicate below; and will be in effect until you officially change it. **This release does not grant the recipient the ability to: change any part of the record, add or drop classes, speak with a faculty member or other College official, or request that any portion of the record be sent to a third party.**

I, _____, authorize Suffolk County Community College to release information regarding my educational records to: (check all that apply)

___Name: Stony Brook University Relationship: Partner College

___Name: _____ Relationship: Partner College

___Any and all print and electronic media outlets, in connection with publicity/news releases and/or marketing materials prepared by the College.

Optional: Please restrict access to the following information:

_____.

Signature (typed): _____ Date: _____

Additional information regarding FERPA can be found on the Suffolk County Community College website at: www.sunysuffolk.edu/Registrar as well as Offices of the Associate Deans of Student Services and campus Registrar's Offices.

FOR OFFICE USE ONLY

Date received: _____ Signature of College Official: _____ Note

to College Official: This document must be returned to the campus Registrar's Office.