

San Diego Medical College

RELEASE OF LIABILITY

FOR FIELD TRIP, TRAINING DURING THEORY, CLINICAL, STATE BOARD EXAM AND COMMUNITY BASED INSTRUCTION PARTICIPATION

I,the student of San Diego Medical College. I
acknowledge that I will not seek to have the San Diego Medical College held liable in the event
that any accident, injury, loss of property or any other circumstance or incident occurs during or
as a result of my participation. This release of liability includes accident, injury, loss, or damages
to the student, as well as, to other individuals or property that may result from the student's
participation in the event.
I hereby release and agree to hold harmless the San Diego Medical
College, its officials, agents and employees, from any claims arising out of my participation in
the even(s).
I have read and understand and accept all of the statements recited above and accept full
responsibility as described.
Date:
Student's Signature

821 Kuhn drive # 103 Chula Vista, CA 91914 6780 Miramar Rd. #204, San Diego, CA 92121 2720 Miramar Road, San Diego, CA 91950 343 East Lexington Ave. Suite 104, El Cajon CA 92020 *(619)271-0700 * (619)942-8274 sandiegomedicalcollege@gmail.com

www.sandiegomedicalcollege.com



SAN DIEGO MEDICAL COLLEGE

ENROLLMENT KIT Student Name: Date: **BOOKS** Book #_____ Herman's Textbook (barrowed) **TEXTBOOK AGREEMENT** Textbook will be leased to students and will have to be returned in good condition at the end of the program. Student will be responsible for keeping the textbook safe and free from any damages. Student is not allowed to write in the textbook with pen, marker, pencil or other writing tools. Students agrees to pay \$25.00 replacement fee for lost or damaged book. If you need to borrow after the course has ended, you may do so by leaving a \$25.00 cash deposit at the front office. The \$25.00 cash deposit will be refunded as soon as the book is returned to the office. School staff will inspect the book at the time it's returned. Unpaid balance will hold and delay student graduation and state board examination. Student Name: _____ Date: _____ Office Staff: ______ Date: _____