

PARTICIPANT STATEMENT

I \_\_\_\_\_ (name) am not a student, employee, volunteer or representative performing on behalf of the Dallas County Community College District.

I acknowledge that I am a participant only on the \_\_\_\_\_ (trip) sponsored by the \_\_\_\_\_ (club) at Eastfield College on \_\_\_\_\_ (date) and will not be covered by the Dallas County Community College District Insurance Policy.

I have received a copy of the DCCCD Employee Standards of Conduct and will abide by all rules and regulations of the District.

I have read the above statements and acknowledge receipt of this notice.

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Signed

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Date