



## Architecture Career Exploration Summer Camp Application

*Student enrollment is a first come first served basis, and open only to high school students. Please submit your completed & signed application via email to Victoria Vasquez, Student Outreach*

*Specialist, by the application deadline: **Friday, June 30, 2022.***

*All summer camp and application questions can be directed to Victoria Vasquez.*

*Email: [vvasquez@vcccd.edu](mailto:vvasquez@vcccd.edu)*

### Applicant Information

Student's First & Last Name \_\_\_\_\_

Student's Birth Date \_\_\_\_\_

Grade Level (as of Fall 2022) \_\_\_\_\_ High School \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

### Applicant's Parent/Guardian Information

Name of Parent or Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact for Student**

*Optional 2<sup>nd</sup> Emergency Contact*

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**Please select which session you would like to register for (You can choose one session or both):**

\_\_\_\_ **Session 1: Fundamentals of Architecture & Design**

Monday through Friday (July 11 – July 15, 2022) from 8:30AM – 12:30PM

\_\_\_\_ **Session 2: Introduction to Revit Architecture**

Monday through Friday (July 18 – July 22, 2022) from 8:30AM – 12:30PM

**Please read through the following student commitment agreement thoroughly and sign:**

I, \_\_\_\_\_, understand agree to fully participate in the Architecture  
STUDENT NAME  
Career Exploration Summer Camp for the week of \_\_\_\_\_. As a  
SESSION DATES  
participant and visitor at Ventura College, I agree to:

- Be on time and present during the duration of the schedule
- Notify the professor if I will absent or need to leave early
- Participate in all assigned activities and projects
- Always demonstrate appropriate behavior and act accordingly with the [Student Code of Conduct](#)

I understand that failure to comply with the statements above and Student Code of Conduct will result in removal of the Architecture Career Exploration Summer Camp and will be reported to the Dean of Career Education.

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Parent/Guardian, please read through the following agreement

I, \_\_\_\_\_, allow permission for my student

PARENT/GUARDIAN NAME

\_\_\_\_\_ to attend the Ventura College Architecture Career

STUDENT NAME

Exploration Summer Camp for the week of \_\_\_\_\_.

SESSION DATES

I understand that my student agrees to fully participate and comply with the statements listed above, and failure to comply will result in removal of the Architecture Career Exploration Summer Camp as well as report to the Dean of Career Education.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

ACTIVITY LIABILITY WAIVER AND RELEASE AGREEMENT

ACKNOWLEDGMENT, RELEASE, HOLD HARMLESS AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

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(Print Student Name and Student I.D. Number)

Location:     Moorpark College                       Oxnard College  
                   Ventura College                               District Administrative Center

Fall Term                                       Spring Term                                       Summer Term

Activity/Event:

Architecture Career Exploration Summer Camp

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Date(s) or Period of Time:

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An Activity Liability Waiver and Release Agreement must be completed for each event (may cover multiple dates for same event) or one per school term.

I, the undersigned wish to participate in the District-approved event or activity as referenced above (hereinafter referred to as "Activity").

I understand and acknowledge that this Activity is voluntary and may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to all individuals who participate in such Activity. I am aware that no District coverage for medical treatment of liability is provided in connected with this Activity.

I understand and acknowledge that in order to participate in this Activity I agree to assume all liability and responsibility for any and all potential risks, injuries or even death which may be associated with participation of such Activity. I represent and warrant that Student/Participant is mentally and physically fit, capable, able, and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the District, its Governing Board, employees, agents, coaches, teachers, volunteers, or representatives shall not be liable for any injury/illness suffered by Student/Participant which is incident to and/or associated with preparing for and/or participating in this Activity.

I hereby release, discharge, indemnify, and agree to hold harmless the District, District's Governing Board, College and each of their employees, agents, coaches, teachers, volunteers, and representatives free from any and all liability arising out of or in connection with Student/Participants' participation in the Activity, including all related activity such as games, practices, training activities, trips, related exercise, student fundraisers, or any other activity or event. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student/Participant or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns may have against District, Governing Board, College, and employees, agents, coaches, teachers, volunteers, and representatives because of Student/Participant's personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student/Participant's participation in the Activity that may result from any cause including but not limited to District's Governing Board, College's, employees, agents, coaches, teachers, volunteers, or representatives own passive or active negligence of other acts other than fraud, willful misconduct or violation of the law.

Student/Participant and/or parents or guardians who do not wish to accept the risks described in this Agreement should not sign this Agreement, and will not be allowed to participate in the Activity.

I acknowledge that I have carefully read this voluntary activities participation form and that I understand the potential dangers incident to engaging in this Activity, am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my participation in the Activity.

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Student Signature

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Date

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Parent/Guardian Signature (if student under 18 years of age)

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Date

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Supervising District Employee

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Date

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Division Department/Manager

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Date

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President or Vice President

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Date

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Director of General Services

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Date

If a Student/Participant is a minor, then parent or guardian must sign. If Student/Participant is an adult (18 years of age or older), no signature of parent or guardian is required.



# VCCCD Multi-Media/ Model Release Form

More Info: 805.652.5504

VCCCD.EDU · MOORPARKCOLLEGE.EDU · OXNARDCOLLEGE.EDU · VENTURACOLLEGE.EDU

I, the undersigned, hereby consent to and authorize the use and reproduction by the Ventura County Community College District, any of the individual colleges within the District, or college related foundation(s), to use my image, likeness and/or voice in the production of college, college district or college related foundation(s) publications, whether in print, video, audio or for a website.

I hereby waive any right to inspect or approve the finished images, advertising copy or printed matter that may be used in conjunction therewith, or the eventual use that the images may be applied.

I release the college, college district or college related foundation(s) from any liability relating to any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced in connection with the images, or in connection with any processing, alteration, transmission, display or publications of the image.

This agreement constitutes the sole, complete and exclusive agreement between college, the college district or college related foundation(s) regarding the images and I am not relying on any other representations whether oral or written.

This agreement will remain in effect, without compensation to me, so long as the college, college district or college related foundation(s) deems necessary. The original film, prints, negatives, tapes, and/or soundtracks shall constitute the property of the college, college district or college related foundation(s) that created the materials.

SIGNATURE	PRINT NAME	DATE
ADDRESS	CITY, STATE, ZIP	PHONE
EMAIL ADDRESS	SIGNATURE OF PARENT OR GUARDIAN, if minor	

**ADDITIONAL SIGNATURE PAGES ATTACHED**

SIGNATURE	PRINT NAME	DATE
ADDRESS	CITY, STATE, ZIP	PHONE
EMAIL ADDRESS	SIGNATURE OF PARENT OR GUARDIAN, if minor	

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