

WAIVER, RELEASE AND INDEMNITY AGREEMENT ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY ACTIVITY MEDICAL TREATMENT AUTHORIZATION

Activity		Date(s)		
Participant				
In consideration for being allowe Rancho Santiago Community Coll "District") from any and all claims suffer or which may result from r incidental to this Activity.	lege District, their employ s, resulting in any physical	ees, officers, v injury, illness	olunteers and agents (dincluding death) or eco	collectively onomic loss I may
I am voluntarily participating in this Activity, such as physical and permanent disability, death or ecactions, inactions, or negligence, all risks of my participation in this Activity or any events incidental to	or psychological injury, position positions. These injuried or the condition of the Act Activity, whether known	pain, suffering, es or outcomes ctivity location	illness, disfigurement, s may arise from my ow (s) or facility (ies). Non	temporary or on or other's etheless, I assume
I agree to hold the District harml costs, including attorney's fees, a Activity or any events incidental t reimburse the District.	s a result of my participat	ion in this Acti	vity, including travel to	and from the
I have read this document, and I including (a) releasing the Distriction of participating in this Activity, in	t from all liability, (b) waiv	ring my right to	sue the District, (c) an	d assuming all risks
If I need medical treatment as a revents incidental to this Activity, treatment. I am aware that the Dealth insurance.	I agree to be financially re	esponsible for	any costs incurred as a	result of such
Participant's Signature	Date		Home Telephone N	0.
Parent/Guardian Signature (Requi	red if Participant under age	18) Par	ent/Guardian Name (Ple	ease Print)
Family Medical Insurance Carrier: _				
	(e.g., Blue Cross)		Policy #	ŧ
In the event of an emergency, plea	se contact:			
(Rev 6/5/13 Risk Management)		Name	Relationship	Tel No.