PARENT/GUARDIAN

PERMISSION, ASSUMPTION OF RISK, AND RELEASE FORM

Activity _____ Date(s) _____

Participant _____ Location _____

I agree to allow my child to participate in the above Activity and affirm that my child's participation is entirely voluntary. I also understand that participation in the Activity may involve safety risks or risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as joint or back injuries, heart attacks, and concussions, to 3) catastrophic injuries including paralysis and death. These risks may result from a variety of circumstances, including but not limited to, the use or misuse of any equipment, the activity itself, from my child's or other's actions, inactions, or negligence, or the condition of the Activity location or facility. Nonetheless, I assume all risks of my child's participation in this Activity, whether known or unknown to me.

I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Activity staff prior to signing this agreement. I also understand that, despite safety precautions, the District cannot guarantee that my child will not be injured. I, as my child's parent/guardian, agree to assume all these risks. To minimize the risks, I have instructed my child to obey all the rules, regulations and instructions of the staff.

In consideration for permitting my child to participate in this Activity, I voluntarily agree, for myself, my heirs, executors, and administrators, to release from liability and waive my right to sue the Rancho Santiago Community College District, its employees, officers, volunteers and agents (collectively "District") from any and all claims, resulting in any physical injury, illness (including death) or economic loss I or my child may suffer or which may result from my child's participation in this Activity, travel to and from the Activity, or any events incidental to this Activity.

I authorize the staff of the Activity to act for me, according to their best judgment, in seeking or obtaining any emergency medical attention for my child as a result of my participation in this Activity, travel to and from the Activity, or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the District does not provide health insurance for my child and that I should carry my own health insurance.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the District from all liability, (b) waiving my right to sue the District, (c) and assuming all risks of participating in this Activity, including travel to and from the Activity or any events incidental to this Activity.

_____ _____ _____

Participant's Signature Date Home Telephone No.

_____ _____

Parent/Guardian Signature (Required if Participant under age 18) Parent/Guardian Name (Please Print)

In the event of an emergency, please contact: _____ _____ _____

Name Relationship Tel No.