Voluntary Activity Waiver

WAIVER, RELEASE, and INDEMNITY AGREEMENT
ASSUMPTION OF RISK

Activity _____ Date(s) _____

Participant _____ Location _____

By my signature below, I request permission to participate in the above-described activity. I understand that this activity is voluntary and the Rancho Santiago Community College District does not require this activity as part of its curriculum for graduation, a class grade, or for employment

In consideration for being allowed to participate in this Activity, I 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 may suffer or which may result from my participation in this Activity, travel to and from the Activity, or any events incidental to this Activity.

I am voluntarily participating in this activity and I understand that participating in this activity carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury or harm. 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 own or other's actions, inactions, or negligence, or the condition of the Activity location or facility. Nonetheless, I assume all risks of my participation in this Activity, whether known or unknown to me.

I agree to hold the District harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Activity, including travel to and from the Activity or any events incidental to this Activity. If the District incurs any of these types of expenses, I agree to reimburse the District.

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.

If I need medical treatment 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 me and that I should carry my own health insurance.

_____ _____ _____

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.