COAST COMMUNITY COLLEGE DISTRICT VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

I,	("Student/Participant"),		
(Student I.D. or Driver's License Number), wish to participate	pate in the Coast Community College Distri	ict ("District")	
activity of	("Activity") at	College.	
I understand and acknowledge that this Activity may be dan severe and serious physical and emotional injury, illness, or		•	
(Initials) I UNDERSTAND AND ACKNOWLEDGE AGREE TO ASSUME ALL LIABILITY AND RESPONS OR EVEN DEATH, WHICH MAY BE ASSOCIATED warrant that I am mentally and physically fit, capable, able assume full and sole liability for the use of my own vehicle harmless the District, its trustees, colleges, employees, and	SIBILITY FOR, ANY AND ALL POTENTS WITH PARTICIPATION IN SUCH ACTS a, and willing, to participate in this Activity was the in traveling to, while at, and from this act	IAL RISKS, INJURIES, IVITY. I represent and without any limitation. I	
I understand, acknowledge, and agree, that the District, representatives, shall not be liable for any injury or illness s with, preparing for, and/or participating in, this Activity.			
I hereby release, discharge, indemnify, and agree, to hold he their trustees, employees, agents, coaches, teachers, volunt of, or in connection with, Student/Participant's participating practices, training activities, trips, and related exercise.	teers, and representatives, free from any and	d all liability, arising out	
For purpose of this Agreement, "liability" means all claims that Student/Participant, or Student/Participant's parents, against District,, and its trustees, employees, agents, Student/Participant's personal, physical, or emotional, injuproperty, that occurs to Student/Participant, or his or her premay result from any cause, including but not limited to, Distor representatives', own passive or active negligence, or act	guardians, heirs, executors, administrators, coaches, teachers, volunteers, and reprary, accident, illness, death, or because of a roperty during Student/Participant's participation strict's, trustees', employees', agents', coaches	and assigns, may have resentatives, because of any loss of or damage to ation in the Activity, that	
(Initials) I ACKNOWLEDGE THAT I HAVE CAR POTENTIAL DANGERS INCIDENT TO ENGAGING CONSEQUENCES OF THIS FORM, AND AGREE TO AM WAIVING CERTAIN RIGHTS, AND ASSUMING TACTIVITY.	IN THIS ACTIVITY, AM FULLY AWAITS TERMS AND CONDITIONS, AND U	ARE OF THE LEGAL UNDERSTAND THAT I	
Student/Participant's Signature	Date		
Parent/Guardian's Signature (required if Student/Participant is a minor)	Date)		
District's Signature	Date		