COAST COMMUNITY COLLEGE DISTRICT VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

<u> </u>	("S	tudent/Participant"),	(Student ID #),
wish to participate in the Co	oast Community College District ("Distric	et") sponsored activity of	
("Activity") at	[College].		
	dge that this Activity may be dangerous, l notional injury, illness, or even death, to a		
AGREE TO ASSUME ASOR EVEN DEATH, WH warrant that I am mentall assume full and sole liabilit	RSTAND AND ACKNOWLEDGE THE LL LIABILITY AND RESPONSIBILITY AND RESPONS	TY FOR, ANY AND ALL POT PARTICIPATION IN SUCH willing, to participate in this Acting to, during, and from, this activities	TENTIAL RISKS, INJURIES, ACTIVITY. I represent and ctivity without any limitation. I
	e, and agree, that the District, its tre liable for any injury or illness suffered by pating in, this Activity.		
trustees, employees, agents connection with, Student/P activities, trips, and related 'liability" means all claims Participant's parents, guard agents, coaches, teachers, accident, illness, death, or b Student/Participant's partici	indemnify, and agree, to hold harmless a coaches, teachers, volunteers, and representicipant's participation in this Activity, lexercise. For purpose of this VOLUN , demands, losses, causes of action, suits ians, heirs, executors, administrators, and volunteers, and representatives, because because of any loss of or damage to proper leation in the Activity, that may result first, teachers', volunteers', or representatives.	resentatives, free from any and a including all related activities su ITARY ACTIVITIES PARTICE, or judgments, of any kind, that assigns, may have against Distriof Student/Participant's personality, that occurs to Student/Participart any cause, including but no	all liability, arising out of, or in uch as games, practices, training IPATION FORM ("FORM"), to Student/Participant, or Student/lict, and its trustees, employees, physical, or emotional, injury, pant, or his or her property during of limited to, District's, trustees',
POTENTIAL DANGERS CONSEQUENCES OF TH	OWLEDGE THAT I HAVE CAREFUL INCIDENT TO ENGAGING IN T IIS FORM , AND AGREE TO ITS TE HTS, AND ASSUMING THE RISK OF I	THIS ACTIVITY, AM FULLY RMS AND CONDITIONS, AND	Y AWARE OF THE LEGAL D UNDERSTAND THAT I AM
and subsequently may be u exhibited, with or without	dge that while participating in the Activity sed by the District. I authorize the use of advertising sponsorship, as still photograe the District, its trustees, employees, a	my name and pictures, including phs, transparencies, motion pictures.	g any accompanying voice, to be ires, television, video, or similar
Student/Pa	articipant's Signature	Date	
Parent/Gua (required i	ardian's Signature f Student/Participant is a minor)	Date	
District's Signature		Date	

R/S Standard VAP Form 2009 / JL -Rev. 4/7/2009