## COAST COMMUNITY COLLEGE DISTRICT VOLUNTARY ACTIVITIES PARTICIPATION FORM

## ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

I,	("St	udent/Participant"),	(Student ID #),
wish to participa	ate in the Coast Community College District ("District	") sponsored activity of	
("Activity") at _	[College].		
	d acknowledge that this Activity may be dangerous, has sical and emotional injury, illness, or even death, to all		
AGREE TO A OR EVEN DE warrant that I assume full and	I UNDERSTAND AND ACKNOWLEDGE THAT SSUME ALL LIABILITY AND RESPONSIBILITY ATHER ACTION OF THE ACTION	TY FOR, ANY AND ALL POT PARTICIPATION IN SUCH A villing, to participate in this Acting to, during, and from, this activities.	ENTIAL RISKS, INJURIES, CTIVITY. I represent and ivity without any limitation. I
representatives,	acknowledge, and agree, that the District, its trushall not be liable for any injury or illness suffered by nd/or participating in, this Activity.		
trustees, employ connection with activities, trips, "liability" mean Participant's par agents, coaches accident, illness Student/Particip	e, discharge, indemnify, and agree, to hold harmless byees, agents, coaches, teachers, volunteers, and representation in this Activity, is and related exercise. For purpose of this <b>VOLUN</b> as all claims, demands, losses, causes of action, suits, rents, guardians, heirs, executors, administrators, and teachers, volunteers, and representatives, because of death, or because of any loss of or damage to propert ann's participation in the Activity, that may result fronts', coaches', teachers', volunteers', or representative auct.	resentatives, free from any and al necluding all related activities such that ACTIVITIES PARTICITY or judgments, of any kind, that assigns, may have against District of Student/Participant's personal, y, that occurs to Student/Participation any cause, including but not	I liability, arising out of, or in the as games, practices, training PATION FORM ("FORM"), Student/Participant, or Student/t,, and its trustees, employees, physical, or emotional, injury, nt, or his or her property during limited to, District's, trustees',
POTENTIAL CONSEQUENC	I ACKNOWLEDGE THAT I HAVE CAREFULI DANGERS INCIDENT TO ENGAGING IN TI CES OF THIS FORM , AND AGREE TO ITS TER STAIN RIGHTS, AND ASSUMING THE RISK OF D	HIS ACTIVITY, AM FULLY RMS AND CONDITIONS, AND	AWARE OF THE LEGAL UNDERSTAND THAT I AM
and subsequentl exhibited, with	d acknowledge that while participating in the Activity, y may be used by the District. I authorize the use of or without advertising sponsorship, as still photographereby release the District, its trustees, employees, an	my name and pictures, including ohs, transparencies, motion pictur	any accompanying voice, to be es, television, video, or similar
	Student/Participant's Signature	Date	
	Parent/Guardian's Signature (required if Student/Participant is a minor)	Date	
	District's Signature	Date	

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