

**COAST COMMUNITY COLLEGE DISTRICT
VOLUNTARY ACTIVITIES PARTICIPATION FORM**

ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

I, _____ ("Student/Participant"), _____ (Student ID #),
wish to participate in the Coast Community College District ("District") sponsored activity of _____
("Activity") at _____ [College].

I understand and acknowledge that this Activity may be dangerous, hazardous, and by its very nature, pose the potential risk of severe and serious physical and emotional injury, illness, or even death, to all individuals who participate in such Activity.

_____(Initials) **I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THIS ACTIVITY, I AGREE TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR, ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH, WHICH MAY BE ASSOCIATED WITH PARTICIPATION IN SUCH ACTIVITY. I represent and warrant that I am mentally and physically fit, capable, able, and willing, to participate in this Activity without any limitation. I assume full and sole liability for the use of my own vehicle in traveling to, during, and from, this activity. If this Activity involves the Orange Coast College Sailing Center, then I represent that I am a competent swimmer.**

I understand, acknowledge, and agree, that the District, its trustees, employees, agents, coaches, teachers, volunteers, and representatives, shall not be liable for any injury or illness suffered by Student/Participant which is incident to, and/or associated with, preparing for, and/or participating in, this Activity.

I hereby release, discharge, indemnify, and agree, to hold harmless District, District's governing board ("Board"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives, free from any and all liability, arising out of, or in connection with, Student/Participant's participation in this Activity, including all related activities such as games, practices, training activities, trips, and related exercise. For purpose of this **VOLUNTARY ACTIVITIES PARTICIPATION FORM ("FORM")**, "liability" means all claims, demands, losses, causes of action, suits, or judgments, of any kind, that Student/Participant, or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns, may have against District, and its trustees, employees, agents, coaches, teachers, volunteers, and representatives, because of Student/Participant's personal, physical, or emotional, injury, accident, illness, death, or because of any loss of or damage to property, that occurs to Student/Participant, or his or her property during Student/Participant's participation in the Activity, that may result from any cause, including but not limited to, District's, trustees', employees', agents', coaches', teachers', volunteers', or representatives', own passive or active negligence, or acts other than fraud or willful misconduct.

_____(Initials) **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND THAT I UNDERSTAND THE POTENTIAL DANGERS INCIDENT TO ENGAGING IN THIS ACTIVITY, AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF THIS FORM, AND AGREE TO ITS TERMS AND CONDITIONS, AND UNDERSTAND THAT I AM WAIVING CERTAIN RIGHTS, AND ASSUMING THE RISK OF DAMAGE FROM MY PARTICIPATION IN THE ACTIVITY.**

I understand and acknowledge that while participating in the Activity, pictures, including video with voice/sound, may be taken of me, and subsequently may be used by the District. I authorize the use of my name and pictures, including any accompanying voice, to be exhibited, with or without advertising sponsorship, as still photographs, transparencies, motion pictures, television, video, or similar media, and I hereby release the District, its trustees, employees, and agents from all claims related to the taking and use of such images.

Student/Participant's Signature	Date
Parent/Guardian's Signature (required if Student/Participant is a minor)	Date
District's Signature	Date