EL CAMINO COMMUNITY COLLEGE DISTRICT

VOLUNTARY ACTIVITY PARTICIPATION WAIVER
RELEASE OF LIABILITY AND MEDICAL TREATMENT AUTHORIZATION

(Please print clearly):

Participant Name:		Student ID#, if applicable
Date(s) of Activity:		
Activity Name:		
Description of Activity:		

I understand and acknowledge that this Activity is voluntary and is not a mandatory part of any El Camino Community College District ("District") program.

I understand and acknowledge that this Activity and any related activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I also realize that the Activity may be strenuous, and that I should seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- Sprains
- Fractured bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Loss of eyesight
- Communicable diseases
- Death

The above list is not intended to be inclusive of all injuries/illnesses that may occur, but rather to inform me of the types of risks inherent in my participation in the above activity, so that I can make a voluntary choice to participate or not to participate.

In the event that this Activity is off-campus, I hereby acknowledge and understand that, unless specifically advised otherwise, the District is providing transportation. When the District provides transportation but I do not use the transportation, or if the District does not provide transportation, I acknowledge I am responsible for making my own arrangements and the District assumes no responsibility or liability of any kind. When providing my own transportation, I further acknowledge and agree that:

- The driver of the vehicle in which I am riding, either as a driver or passenger, is not driving on behalf of, or as an agent of, the District, and that the District has not verified the driving record of the driver, the liability insurance or the condition of the vehicle.
- The District is in no way responsible for, nor does the District assume any liability for, any injury or loss which may result from my transportation.

In the even of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of an emergency, please notify: _____
Name Phone

I voluntarily elect to participate in this Activity. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activity or activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the El Camino Community College District, its officers, agents, servants or employees from any and all liability or responsibility for any property damage, personal injury, bodily injury or wrongful death that I might sustain which is incident to and/or associated with preparing for and/or while participating in any activity in any way connected with the Activity, including travel to and from Activity locations, whether same shall arise by the negligence of any said persons, or otherwise.

I acknowledge that I have carefully read and understand this Voluntary Activity Participation Waiver, Release of Liability and Medical Treatment Authorization and that I agree to its terms and conditions

_____
Signature of Participant or, if Participant is a minor, Parent/Guardian Date

_____
Print name of Participant or, if Participant is a minor, Parent/Guardian