LOS RIOS COMMUNITY COLLEGE DISTRICT

AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK

NAME: _____ CLASS/ACTIVITY: TA 477

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion is a prerequisite to participation.

I am aware that participating in this Los Rios Community College District (DISTRICT) class or activity can involve **MANY RISKS OR INJURY**. I understand that the dangers and risks of participating in this class or activity include serious injury or impairment to my body, general health and well being.

I agree to accept all the rules and requirements of the Class or activity, observe the program schedules, and to follow the instructions given by the supervisory personnel and grant the right to terminate participation in the program if it is determined that conduct is detrimental to the best interests of the group, in which event return home shall be at personal expense.

In consideration of the District permitting me to participate in TA 477 (indicate the class/activity), and to engage in all related activities, including class, field trips and travel, **I hereby voluntarily assume all risks associated with participation and agree to indemnify, defend and save harmless the DISTRICT, their officers, agents, servants and employees,** from any and all liability, claims causes or action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Activity, except for injury caused by the sole active negligence of the District.

As provided for in the California Code of Regulations, Title 5, Section 55450, I agree to waive all claims against the District and hold the District, its officers, agents, employees and volunteers harmless from any and all liability or claims, causes of action or demands of any kind and nature which may arise out of or in connection with my participation in the described activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I consent to the District providing emergency health assistance if it is determined necessary and consent to the District notifying the emergency contact.

The following person should be contacted in case of an emergency: (please print)

_____	_____	_____
Name	Address	Telephone No.

WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. WE FURTHER UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS ACTIVITY. WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. WE FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

DATE: _____ _____

SIGNATURE

If participant is under 18, parent or guardian must sign.

_____

PARENT OR GUARDIAN