



GAVILAN COLLEGE

VOLUNTARY ACTIVITIES UNDER 18 YEARS OF AGE PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Name of Student _____

Title of Activity _____

Location of Activity _____

Date(s) of Activity _____

Name of Class, Team, Club or Group _____

Release

In consideration of the permission granted to the Participant by the District I, the undersigned, hereby release and discharge Gavilan Joint Community College District, its officers, and employees (herein collectively referred to as "District") from all liability, as defined herein, arising out of, or in connection with Participant's participation in the above-described activity. For the purposes of this Agreement, liability means all claims, demands, losses involving personal property, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators, or assigns may have against the District, or that any other person or entity may have against the District, because of any death, personal injury or illness, or because of any loss of or damage to property, that occurs during the above described activity and that results from any cause.

Indemnification

I further agree to hold harmless, defend, and indemnify the District from any and all liability, as defined above, resulting from, or in any manner arising out of any negligent or intentional acts of the Participant during the above described activity.

Rules and Requirements

The participant further agrees to accept all the rules and requirements for the activity, observe the program schedules, and to follow the instructions given by supervisory personnel: and grants 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. Any violation of these rules or regulations may be cause for suspension or expulsion from the College, subject to the District Student Due Process Procedure.

Medical Consent

In the event of any medical emergency, Participant (Initial one) ___does, ___does not authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment; and hospital care that the District program instructor/supervisor or attending physician, surgeon, or dentist deems necessary for the safety of the Participant.

I am the legal parent or legal guardian of the Participant who is under age 18 years of age to whom the above statements apply and for whose benefit I am executing this Agreement. I have read this Release and Agreement to Hold Harmless and Indemnify and understand its terms. I execute it voluntarily and with full knowledge of its significance.

Participant Signature

Date

Parent or Guardian Signature

Date

In the event of an emergency, please contact:

Name

Relationship

Day Phone Number

Evening Phone Number

SPECIAL NOTE: (1) All drugs must be registered on this form; (2) All drugs, excepting those which must be kept on the Participant's person for emergency use, must be kept and distributed by the staff; (3) if any medication or drugs are to be taken by Participant, list them here: (Name of drug, reason and instructions)

If the Participant has a special medical problem, kindly attach a description of that problem to this sheet.

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a Participant/Student will be allowed to participate in the above extra-curricular activities.