Course Name/Number:	
Instructor Name:	
CRN:	

COAST COMMUNITY COLLEGE DISTRICT VOLUNTARY ACTIVITIES PARTICIPATION FORM

ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

Ι,	("Student/Participant''),	
(Student I.D. or Driver's License Number), wish to particip	pate in the Coast Community College District ("District")	
activity of	("Activity") at	_College.
I understand and acknowledge that this Activity may be dan severe and serious physical and emotional injury, illness, or		
(Initials) I UNDERSTAND AND ACKNOWLEDGE AGREE TO ASSUME ALL LIABILITY AND RESPONSION OR EVEN DEATH, WHICH MAY BE ASSOCIATED WAS warrant that I am mentally and physically fit, capable, able, assume full and sole liability for the use of my own vehicle harmless the District, its trustees, colleges, employees, and a	WITH PARTICIPATION IN SUCH ACTIVITY. I repr and willing, to participate in this Activity without any lin in traveling to, while at, and from this activity, and I agr	NJURIES, resent and nitation. I
I understand, acknowledge, and agree, that the District, is representatives, shall not be liable for any injury or illness su with, preparing for, and/or participating in, this Activity.		
I hereby release, discharge, indemnify, and agree, to hold he their trustees, employees, agents, coaches, teachers, voluntees, or in connection with, Student/Participant's participation practices, training activities, trips, and related exercise.	eers, and representatives, free from any and all liability, a	rising out
For purpose of this Agreement, "liability" means all claims, that Student/Participant, or Student/Participant's parents, gagainst District, , and its trustees, employees, agents, Student/Participant's personal, physical, or emotional, injurproperty, that occurs to Student/Participant, or his or her promay result from any cause, including but not limited to, Distor representatives', own passive or active negligence, or acts	guardians, heirs, executors, administrators, and assigns, coaches, teachers, volunteers, and representatives, bury, accident, illness, death, or because of any loss of or coperty during Student/Participant's participation in the Actorict's, trustees', employees', agents', coaches', teachers', volunteers', volunteers', volunteers', employees', agents', coaches', teachers', volunteers', volunteers', volunteers', volunteers', volunteers', volunteers', volunteers', volunteers', volunteers, and representatives, bury, accident, illness, death, or because of any loss of or coordinate to the property during students, and assigns, and assigns, coaches, and assigns, coaches, and assigns, bury, accidents, illness, death, or because of any loss of or coordinate to the property during students.	may have ecause of damage to tivity, that
(Initials) I ACKNOWLEDGE THAT I HAVE CARD POTENTIAL DANGERS INCIDENT TO ENGAGING CONSEQUENCES OF THIS FORM, AND AGREE TO DAM WAIVING CERTAIN RIGHTS, AND ASSUMING TACTIVITY.	ITS TERMS AND CONDITIONS, AND UNDERSTAND	E LEGAL D THAT I
Student/Participant's Signature	Date	
Parent/Guardian's Signature (required if Student/Participant is a minor)	Date	
District's Signature	 Date	

COAST COMMUNITY COLLEGE DISTRICT

WAIVER FOR USE OF PERSONAL/NON-DISTRICT TRANSPORTATION

Student Name:		
Acitivity:		
For the Period:	to and including	
The above student here own expense for the ac		r his/her own transportation at his/her
liability, for any injur Although the college routes, carpooling, or recommendations are campus activity I am a	ries or losses resulting from the str may assist in coordinating transportar r caravanning to or from this ac not mandatory. I understand that ccepting full responsibility for any for r release and hold harmless the C	consible, nor does the college assume udent use of their own transportation. Ition and/or recommending travel time, ctivity, I fully understand that such by operating my vehicle for this off-orm of injury or property damage which oast Community College District and whatsoever for my use of non-district
transportation.		
driving as an agent of	f, or on behalf of the District or the firmed liability insurance coverage,	vehicle, the driver of that vehicle is not e College. I understand the District or drivers' license status or the operable
•	cause of my election to utilize my	ent Insurance coverage may not cover own transportation without the direct
Student Signature:		Date: