



Student/Volunteer Participation in a Class/Activity Permission (1),
Assumption of Risk, Hold Harmless, Indemnity, and Release of Liability (2),
Medical Treatment Authorization (3)

Student/Volunteer Name: _____ and Student ID #: N/A

hereby requests participation in the following college class/activity: _____

Class/Activity Title: _____ Course Reference #: _____ Instructor: _____

Year: _____ Term (Check One): Fall Spring Summer

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IN CONSIDERATION OF MY VOLUNTARY PARTICIPATION IN THE ABOVE CLASS/ACTIVITY, I CONFIRM THAT I HAVE CAREFULLY READ THIS FORM WHICH EXPLAINS THE RISKS I AM ASSUMING BY PARTICIPATING IN THE CLASS/ACTIVITY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE SIERRA JOINT COMMUNITY COLLEGE DISTRICT GENERAL SERVICES OFFICE AT (916)660-7623.

(1) Assumption of Risks:

I understand that the above-listed class/ activity, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **I understand and appreciate the risks that are inherent in the class/activity. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the class/ activity is voluntary and that I knowingly assume all such risks. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, but understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the class/activity.**

(2) Hold Harmless, Indemnity and Release:

In consideration of permission to participate in the above listed class/activity, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Sierra Joint Community College District ("District"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from my participation in the class/activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

(3) Medical Treatment Authorization:

I understand that the class/ activity, by its very nature, includes certain inherent risks and could cause minor injury, major injury, and serious injury, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, 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.

Health or special needs (Check as appropriate):

- Student/Volunteer has no special health needs the staff should be aware of and no medication required during the class/activity.
- Student/Volunteer has a special need, and instructions are attached. Number of pages: _____
- Other (Explain): _____

Medical Insurance Carrier (e.g., Blue Cross): _____ Policy Number: _____

In the event of an **emergency**, please contact:

Name: _____ Relationship: _____ Phone Number: _____

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE CLASS/ACTIVITY, AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS PERMISSION, ASSUMPTION OF RISK, AND HOLD HARMLESS, INDEMNITY AND RELEASE. I FURTHER ACKNOWLEDGE THAT THE DISTRICT DOES NOT PROVIDE LIABILITY OR MEDICAL INSURANCE COVERAGE FOR PARTICIPANTS WHO PARTICIPATE IN THIS CLASS/ACTIVITY.

<i>Student/Volunteer Signature</i>	<i>Student/Volunteer Printed Name</i>	<i>Date</i>
<i>Parent/Guardian Signature (if Student/Volunteer is under age 18)</i>	<i>Parent/Guardian Printed Name</i>	<i>Date</i>