



Safety & Risk Management Voluntary Participation Waiver in Club/Organization Activity

Student Name:	A#:	@student.mtsac.edu
Club/Organization:		
Activity Name:		
Date & Time:		
Name of Advisor:	Advisor Cell#:	

(1) Transportation:

- Transportation provided by College
- I will accept responsibility for arranging my own transportation
- No transportation – event is on campus

I am aware of the transportation arrangements for this activity and acknowledge that if the College is providing no transportation, I have complete and sole responsibility for all transportation arrangements.
_____ Initial Here

(2) Assumption of Risk:

I understand that the above-listed co-curricular/athletic activity, by its very nature, includes certain risks. 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 co-curricular/athletic activity. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the co-curricular/athletic activity is voluntary and that I knowingly assume all such risks of that participation. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. I agree that I will abide by all rules and regulations governing the co-curricular/athletic activity.** _____ Initial Here

(3) Hold Harmless, Indemnity and Release:

On behalf of myself, and in consideration of permission for me to participate in the above-listed co-curricular/athletic 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, Mt. San Antonio College, 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 co-curricular/athletic activity. This release specifically includes claims based on the negligence of the College and its Board members, administrators, officers, agents, and employees. **I understand that I am releasing claims and giving up 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.** _____ Initial Here

PLEASE NOTE: California Education Code Section 35330 states in part: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims.” **On behalf of myself, I understand that this co-curricular/athletic activity may involve excursions or field trips as defined by Section 35330 of the California Education Code, and I agree to waive all such claims.** _____ Initial Here

(4) Medical Treatment Authorization:

I understand that the co-curricular/athletic activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, 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.** _____ Initial Here

Check one below:

_____ I have no special health needs the staff should be aware of, and no medication is required during this co-curricular/athletic activity.

_____ I have a special health need, and instructions are attached. Number of attached pages: _____

_____ Other: _____

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

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

(Name) (Relationship) Primary Phone: () _____
Alternate Phone: () _____

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS IN THIS DOCUMENT

Participant Signature Participant Name Date

Parent Signature (if minor) Parent Name (if minor) Date