

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

Fullerton College

**WAIVER and RELEASE AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION
IN VOLUNTARY SPORTS ACTIVITIES**

Sport Participant's Name: _____ **Date of Birth** _____

Name of Activity: _____

Date(s): _____

_____(initials) **By my signature below, I hereby provide consent or give permission for my son/daughter to participate in the above described sports activity. I realize that this activity is voluntary. The undersigned is/are specifically aware and confirms by executing this document that I/We are aware that participation in such an activity presents a risk of bodily injury or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to this activity. THE UNDERSIGNED AGREE(S) TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH WHICH MAY BE ASSOCIATED WITH PARTICIPATION IN THE ABOVE DESCRIBED ACTIVITY. THE UNDERSIGNED REPRESENT(S) AND WARRANT(S) THAT THE PARTICIPANT IS MENTALLY AND PHYSICALLY FIT, CAPABLE, ABLE AND WILLING TO PARTICIPATE IN THE ABOVE DESCRIBED ACTIVITY WITHOUT ANY LIMITATIONS.**

_____(initials) For and in consideration of participation or permitting the above named person to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to self or his/her child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the North Orange County Community College District, its governing board, or any of its officers, employees, agents, volunteers, or representatives for any of said causes of action.

In the event of illness or injury, I provide consent or give permission for my child to be treated by a physician. **Please check one.**
 Yes No

If "yes" was checked, in the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation 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. I acknowledge that it will be my responsibility to pay for such medical/dental services.

_____(initials) **THE UNDERSIGNED HEREBY ACKNOWLEDGE THAT I/WE HAVE CAREFULLY READ THIS *WAIVER AND RELEASE AGREEMENT AND ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS ACTIVITY* FORM AND THAT I/WE UNDERSTAND THE POTENTIAL DANGERS INCIDENT TO ENGAGING IN THIS ACTIVITY AND THE FULL CONSEQUENCES OF EXECUTING THIS AGREEMENT. BY SIGNATURE(S) BELOW, I/WE AGREE TO THE TERMS OF THIS AGREEMENT AND UNDERSTAND THAT I/WE ARE WAIVING CERTAIN RIGHTS AND ASSUMING THE RISK OF DAMAGE/INJURY FROM PARTICIPATION IN THE ACTIVITY.**

Student/Participant Signature

Date

Parent/Guardian Signature

Parent/Guardian Name (Please Print)

Date

If the participant is a minor, then a parent or a guardian **MUST** sign. If the participant is an adult, no signature of parent or guardian is required. **A signed WAIVER and RELEASE AGREEMENT [and] ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS ACTIVITY must be on file with the Dean before the participant will be allowed to participate in the above described activity. PARTICIPANT AND/OR PARENTS OR GUARDIANS WHO DO NOT WISH TO ACCPET THE RISKS DESCRIBED IN THIS AGREEMENT SHOULD NOT SIGN THIS AGREEMENT, AND WILL NOT BE ABLE TO PARTICIPATE.**