

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

**VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

I, _____, wish to participate in the following activity: _____

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness/death to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses/death which may result from participating in these activities include, but are not limited to, the following:

- | | |
|--------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Head/Concussion | 7. Communicable diseases |
| 4. Spine injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness/death suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Participant's Signature

Date

Participant's Printed Name: _____

Parent/Guardian (if participant under 18 years of age)

Date

This signed **VOLUNTARY ACTIVITIES PARTICIPATION FORM** must be on file with the College/District before a student will be allowed to participate in the above extra-curricular/co-curricular activity.

