

Chaffey College

RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT *FOR MINOR*

Child/Participant's Name: _____

Name of Class or Activity (Hereinafter, "Activity"): _____

I ACKNOWLEDGE AND AGREE TO EACH OF THE FOLLOWING:

Release & Waiver: I, on behalf of myself and my minor child and for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Chaffey Community College District ("District"), its officers, employees, and agents from liability from any and all claims including the negligence of the Chaffey Community College District, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, the participation by my minor child in the Activity.

Assumption of Risks: Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from, but are not limited to: (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint, neck, face, bone, or back injuries, heart attacks, lung and respiratory injuries, and concussions; or (3) catastrophic injuries including, drowning, paralysis/disability, and death. I, on behalf of myself and my minor child, assume full responsibility for any and all risks associated with the activity, including the risks of injuries/death set forth above.

Indemnification and Hold Harmless: I, on behalf of myself and my minor child, agree to INDEMNIFY AND HOLD CHAFFEY COMMUNITY COLLEGE DISTRICT HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my minor child's involvement in the Activity and to reimburse Chaffey CCD for any such expenses incurred.

Severability: I, on behalf of myself and my minor child, agree that the foregoing release & waiver, assumption of risk, and indemnification agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion of this agreement is held invalid, it is agreed that the remainder of the agreement shall continue in full legal force and effect.

Medical Treatment: In the event of any illness or injury, I give full authority to District staff to obtain such medical treatment and/or surgery from a licensed physician/surgeon, paramedic/EMT, lifeguard, nurse/physician's assistant, or hospital/medical clinic as deemed necessary for the welfare of my child.

Acknowledgment of Understanding: I have read all previous paragraphs, including the release & waiver of liability, assumption of risk, and indemnity agreement, I know and fully understand its terms, acknowledge these and other risks that are inherent to the Activity, and understand that I am giving up substantial rights, including my right to sue on behalf of myself or my minor child. I acknowledge and agree that my child's participation is voluntary, that I and my child knowingly assume all such risks, and that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law.

Signature of Participant *Date*

Participant's Date of Birth (MM/DD/YYYY)

Signature of Parent or Legal Guardian *Date*

(_____)
Parent/Guardian Phone Number

Parent or Legal Guardian Name, Printed

(_____)
Parent/Guardian Alternate Phone Number

Name of Health Insurance Company *Policy/Group Number*

Medical Problems or Necessary Medications?
____ NO ____ YES (describe below)