



GAVILAN COLLEGE

VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I, _____ agree to participate in the District-sponsored activities of _____.

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

I understand and acknowledge that participation in these activities is completely voluntary.

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 that may be associated with participation in such activities.

I understand, acknowledge and agree that the Gavilan Joint Community College District, its employees, officers, agents or volunteers shall not be liable for any injury/illness suffered which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

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

Participant Signature _____
Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before an employee or a student will be allowed to participate in the above extra-curricular activities.