

(Insert College Logo)

Intercollegiate Athletic Program Participant Waiver Agreement

The Board of Governors of California Colleges Title V, Section 55450 provides, in part, as follows: "All persons making a field trip or excursion shall be deemed to have waived all claims against the West Hills Community College District (herein collectively referred to as "District") 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 students taking out-of-state field trips or excursions shall sign a statement waiving such claims."

PLEASE READ THIS DOCUMENT CAREFULLY. IT RELEASES WEST HILLS COMMUNITY COLLEGE DISTRICT, ITS AGENTS AND EMPLOYEES FROM ANY LIABILITY IN THE EVENT THAT YOU ARE INJURED DURING THE COURSE OF YOUR PARTICIPATION IN THE SPORT OF INTERCOLLEGIATE _____.

I, _____, have voluntarily agreed to participate as a student/athlete on the District's Intercollegiate Team. I agree that participation in this sport is not required for graduation, and that I am not receiving, nor have I been promised, any compensation for participating in this sport.

I acknowledge this sport involves numerous risks of injury, including, but not limited to, physical injury, paralysis, brain injury, permanent disability, death, or property damage. Such risks are inherent in the sport, and may, in addition, arise from the actions or omissions of myself, others, or both. **I, freely, voluntarily, and expressly assume all risks involved in this sport, including, but not limited to, the risks listed above.**

In exchange for being authorized to participate in this sport, I hereby waive and release, and specifically agree the District, its agents, employees and all others providing services for, or on behalf of, the District shall not be liable for any claim, demand, cost, expense or cause of action of any kind whatsoever which I may have or which may occur to me, for, or on account of, death, personal injury, property damage, or loss of any kind resulting from, arising out of, or related to my participation in this sport.

I further agree to indemnify and hold the District harmless from any and all claims, demands, costs, expenses or causes of action of any kind whatsoever arising out of or related to my participation in this sport, including any and all intercollegiate travel required for this sport including airport pick up/departure and or bus pick up/departure, regardless of any negligence, active or passive, on the part of the District, its agents and employees.

The forgoing shall include, without limitations all coaches, assistant coaches, trainers, equipment managers, and all other persons and entities employed by the District or acting on the District's behalf in connection with this intercollegiate sport.

To the best of my knowledge, I have no physical or mental condition which would interfere with my ability to participate in this sport, or that would prevent me from forming the requisite intent necessary to enter into a contractual relationship.

I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.

Student-Athlete Signature

Date

Social Security Number

Date of Birth***

*****For student-athlete's that are MINORS a parent or guardian signature is MANDATORY**

Parent/Guardian – please print

Date

Parent/Guardian Signature