ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to participate in the Allan Hancock Joint
(PRINTED NAME)
Community College District sponsored activity (ties) 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 some of the injuries/illness which may result from participating in these activities include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Unconsciousness
4. Head/back injuries
5. Paralysis
6. Loss of eyesight
7. death
8. Communicable disease

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 that may be associated with participation in such activities.

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

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided may not be mandatory.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements and the college assumes no responsibility or liability of any kind.
I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity (ies).

I acknowledge that I have carefully read this ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

_____ _____
Participant Signature Date

_____
Student Printed Name

A signed ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form must be on file with the District before a student will be allowed to participate in the above extra-curricular activity (ies).