



WAIVER OF LIABILITY, RELEASE AND INDEMNITY AGREEMENT
(ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY ACTIVITY/MEDICAL AGREEMENT)

Environmental Health & Safety/Risk Management

Activity/Event Name _____ Location/Address: _____

Activity/Event Date(s) _____

WAIVER/RELEASE

In consideration of being permitted to participate, I, the undersigned, hereby release and discharge the Palomar Community College District (including the Governing Board members, officers, employees, and agents, herein collectively referred to as the "District") from all liability, as defined herein, arising out of, or in connection with my participation in the described Activity/Event or assignees. For the purpose of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators, or assignees may have against the District, or that any other person or entity may have against the District, because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the described Activity/Event, and that results from any cause other than the negligence of the District.

INDEMNIFICATION

I further agree to hold harmless, defend, and indemnify the District from any and all liability, as defined above, resulting from, or in any manner arising out of any negligence on my part during the above-described Activity/Event, but not to the extent that such liability is due to the negligence of the District.

ASSUMPTION OF RISK

I am voluntarily participating in this Activity/Event. I understand that there are risks associated with my participation in this Activity/Event, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity/Event location(s) or facility(ies). Nonetheless, I assume all risks of my participation in this Activity/Event, whether known or unknown to me, including travel to and from the Activity/Event or any events incidental to this Activity/Event.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the District from all liability, (b) waiving my right to sue the District, (c) and assuming all risks of participating in this Activity, including travel to and from the Activity or any events incidental to this Activity.

MEDICAL AGREEMENT

If I need medical treatment as a result of my participation in this Activity/Event, travel to and from the Activity/Event, or any events incidental to this Activity/Event, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the District does not provide health insurance for me and that I should carry my own health insurance.

☐ Yes, I have medical coverage. Medical Coverage Info.: _____
[List Carrier (i.e. Blue Cross, Kaiser, etc.) & Insurance Policy #]

☐ No, I do not have medical coverage.

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone #: _____

I have read the contents of this waiver of liability, release and indemnity agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

X _____
Signature of Participant or Participant's Parent or Legal Guardian **Date**

Print Participant's Last Name, First Name Palomar Student ID # (9 digit) Birth Date Cell/Phone #

Print Name of Parent or Legal Gaudian (if Participant is under 18 years of age): _____