

Hold Harmless Agreement / Waiver of Liability Palomar Community College District

FACILITIES OFFICE USE ONLY			
Received By:			
Date:			

FACILITIES OFFICE

1140 West Mission Road, San Marcos, CA 92069-1487 Phone: (760) 744-1150 Extension 3450 Fax: (760) 761-3506

Email (questions only): EventsScheduler@Palomar.edu		
PLEASE PRINT OR TYPE CLEARLY, SIGN, DATE AND	RETURN TO FACILITIE	ES OFFICE/EVENTS SCHEDULER:
Event:		
Event Date:		
Participant's Name:Last	First	
Street Address:		
City:	State:	Zip:
Telephone: () Cell Phone: (_))	
Email:	Classification:	☐Guest ☐Faculty/Staff ☐Student
Emergency Contact Name:		Telephone: ()
in my illness, injury, including permanent example only, a spinal cord injury, or injury appreciate the nature of such hazards and That participant shall indemnify, defend a officers, agents and employees from all clain the ACTIVITY other than acts of gross agents. In consideration of my participation in the Events, I hereby accept all risk to my healtion.	t and life-compromis y to any other vital of d risks. and hold harmless the aims, suits, or actions negligence by Palor event, activity, class, th and of my injury of	expose me to hazards or risk that may result sing or life-terminating injuries, such as for rgan or limb, or death and I understand and the Palomar Community College District, its sof any nature arising out of my participation mar College, its officers, employees, and/or or the Intercollegiate Athletic Programs and or death that may result from such participations.
	n at least 18 years o	stand its significance and am signing volun- f age, and that if I am under 18 years of age
Signature:		Date:
Parent/Legal Guardian (if under 18):		Date: