

VOLUNTARY WAIVER OF LIABILITY & RELEASE
ACKNOWLEDGEMENT FORM

Hold Harmless Agreement / Waiver of Liability

Palomar Community College District

1140 West Mission Road, San Marcos, C.A. 92069-1487

PLEASE PRINT OR TYPE CLEARLY, SIGN, DATE, AND RETURN TO ACTIVITY COORDINATOR

Requestor/Participant's Name: _____ Male Female
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Cell Phone(____) _____

Email: _____ Classification: Student Faculty/Staff Guest/Public

Emergency Contact Name: _____ Telephone (____) _____

Activity: Employee Swim Activity Coordinator AJ McCoy

I, the above named participant, am eighteen years of age or older and acknowledge I have voluntarily accepted full and complete responsibility for my involvement and activity by voluntarily participating in the above identified activity at Palomar College.

I acknowledge that the nature of the event, activity will possibly expose me to hazards or risk that may result in my illness, injury, or death including permanent and live-compromising or life-terminating injuries. I fully understand and am aware of the serious nature of such hazards and risks and accept all with no reservation of right or extension of liability, and waive any right to claims for this activity whatsoever. I acknowledge by completing this form, I will have no legal recourse for anything closely or remotely considered for cause or contributory cause to any damages, injury or harm from these activities.

I knowingly understand and agree, as a participant, I shall indemnify, defend and hold harmless the Palomar Community College District, its officers, agents and employees from all claims, suits, or actions of any nature arising out of my participation in the activity other than acts of deliberate gross negligence by Palomar College, its officers, employees, and /or agents.

In consideration of my responsible participation in the activity, I deliberately, knowingly and purpose-fully hereby accept all risk to my health, injury or death that may result from such exposure and participation.

In signing this waiver, I acknowledge that I have read it, understand its significance and am signing voluntarily of my own free will. I certify that I'm at least 18 years of age, and that if I am under 18 of age my parent/legal guardian has signed this form on my behalf.

Signature: _____ Date: _____

Parent/Legal Guardian (if under 18):

Print Name: _____

Signature: _____ Date: _____

Activity or Event: Employee Swim Coordinator Name / Title: AJ McCoy

Event Date(s): _____ Semester Summer/Fall/Spring Year 2017/2018 Fiscal Year

ADMINISTRATION ONLY Received by: _____ Office: _____