

**SANTA CLARITA COMMUNITY COLLEGE DISTRICT  
VOLUNTARY PARTICIPATION WAIVER  
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION**

Participant Name:		COC STUDENT ID #, IF APPLICABLE
Description of Activity:	College of the Canyons Football Camp	
Date of Activity:	Saturdays, February 13, 2016 – June 25, 2016	
Dept./Name:	Athletics/Physical Education – Ted Iacenda, Ext. 3526	

I understand and acknowledge that this Activity is voluntary and is not a mandatory part of any Santa Clarita Community College District (“District”) program.

I understand and acknowledge that the above referenced Activity and any related activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- ◆ Scratches/Bruises
- ◆ Concussions
- ◆ Heat exhaustion/stroke
- ◆ Sprains
- ◆ Head and/or back injuries
- ◆ Loss of eyesight
- ◆ Fractured/broken bones
- ◆ Paralysis
- ◆ Communicable diseases
- ◆ Unconsciousness
- ◆ Activity related injury/illness
- ◆ Death

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity, so that I can make a voluntary choice to participate or not participate.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

I hereby voluntarily waive any claim against the District for injury, accident, illness or death occurring during or by reason of this activity(ies). I voluntarily elect to participate in this Activity. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activity or any activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Santa Clarita Community College District, College of the Canyons, its officers, agents, servants, or employees from any liability or responsibility for any property damage, personal injury, bodily injury, or wrongful death that I might sustain which is incident to and/or associated with preparing for and/or while participating in any activity in any way connected with said Activity, including travel to and from Activity locations, whether same shall arise by the negligence of any of said persons, or otherwise.

In the event of accident or illness please notify: \_\_\_\_\_  
Name Telephone

In addition, I hereby grant the Santa Clarita Community College District permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration.

I acknowledge that I have carefully read and understand this Voluntary Participation Waiver, Release of Liability and Medical Treatment Authorization and that I agree to its terms and conditions.

\_\_\_\_\_  
Signature of Participant or, if Participant is a minor, Parent/Guardian Date

\_\_\_\_\_  
Print Name of Participant or, if Participant is a minor, Parent/Guardian  Check Box if Participant is a Minor

A signed Voluntary Participation Waiver, Release of Liability and Medical Treatment Authorization must be on file with the District before the Participant will be allowed to participate in the above extra-curricular activities.