

Feather River Community College District

RELEASE OF LIABILITY AND MEDICAL CONSENT FORM
Hazardous Activities Class

I, the undersigned, certify that I desire to participate in the following _____ class(es):
Semester & Year (Example: Fall 2003)

Course No.	Course Name	Instructor	Course Index #
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I understand that participation in this class and its activities is voluntary. It is further understood that the class and its activities, by their very nature, pose a high degree of risk of injury or illness, including death, and that I willingly and knowingly wish to participate in spite of these risks.

In consideration of the benefits provided by the Feather River Community College District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the SCHOOL DISTRICT, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts howsoever caused by the DISTRICT or any of its officers, agents, employees or volunteers as a result of my participation in the class, and its activities.

In addition, I hereby release the DISTRICT, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or hereafter at any time have for injury or damage: 1) Resulting from the dangerous or other condition of any DISTRICT facility or property; 2) Suffered by me while participating in or traveling to and from, the class and its activities; or 3) Suffered by me in any other activity associated with the class and its activities.

I agree that the DISTRICT makes no representations or warranties as to the repair or condition of the property, equipment or facilities, which I will be using, and I take such property, equipment and facilities AS IS. I further agree that it shall be my obligation, not the DISTRICT's, to assure that the property, equipment and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty, and not the DISTRICT's, to inspect such property, equipment and facilities before they are used, and to take affirmative steps to repair, or where necessary, warn in order to prevent injury to person or property.

I have carefully read this agreement, and fully understand its contents. I am aware that this is a Release of Liability, Medical Consent Form and a legally binding contract between the Feather River Community College District and me, and I sign it of my own free will.

MEDICAL CONSENT

Participant has no known medical condition(s), which may pose a risk to the health and safety of Participant or others by participating in the activities. Participant agrees to advise the District in writing of any medical, physical or health condition that may be affected or in any way jeopardized by participating in the activities. In the event of any medical emergency, Participant authorizes and consents to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the District program supervisor deems necessary for the safety and protection of the Participant.

Participant's Name: _____ Phone No.: _____

Participant's Address: _____

Participant's (Adult Student) *signature*: _____

If student is a MINOR,
signature of parent/guardian: _____ Date: _____