SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

PARTICIPATION CONSENT & WAIVER AGREEMENT

For and in consideration of permitting _____ (student) to enroll in and participate in _____ (activity) conducted by South Orange County Community College District at _____ College in the County of Orange, and State of California, beginning on the _____ day of _____, 20__, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against South Orange County Community College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

IT IS THE INTENTION OF _____ (student) BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE SOUTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

In the event of illness or injury, I do hereby consent to whatever x-ray examinations, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgement of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the participant, parent, or guardian.

As stated in California Code of Regulations, Section 55450, I understand and do hereby assume all of the above mentioned risks which may arise out of or in connection with athletic participation and associated activities arranged for the participant by the South Orange County Community College District as noted above.

I fully understand that participants are to abide by all rules and regulations governing conduct during athletic participation. Any violation of these rules and regulations may result in that individual being dismissed from the activity with any expenses incurred being the responsibility of the participant and/or his/her parents/guardian.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against South Orange County Community College District he/she shall indemnify and save harmless the same South Orange County Community College District or any of it's officers, agents or employees from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the above and the following page titled Athletic Code of Conduct, has been fully and completely advised of the potential dangers incidental to engaging in the activity and is fully aware of the legal consequences of signing the within instrument.

_____ Student I.D.# _____ _____

Student Signature Date

_____ _____

Parent or Guardian Signature Date

(Only if student is under 18 years of age.)

THIS FORM MUST BE ON FILE WITH THE COLLEGE BEFORE THE STUDENT WILL BE ALLOWED TO PRACTICE FOR/OR PARTICIPATE IN THE ABOVE LISTED ACTIVITIES.

Original to Athletic Director.....Yellow Copy to Athlete