SAN FRANCISCO COMMUNITY COLLEGE DISTRICT
PARTICIPATION IN INTERCOLLEGIATE SPORT PERMISSION,
ASSUMPTION OF RISK, AND
HOLD HARMLESS, INDEMNITY AND RELEASE OF LIABILITY

Athlete’s Name: ________________________________________ and Student ID _______________________ hereby requests permission to participate in the following:

Intercollegiate Sport: ____________________________________________________________________________

Instructor/Coach: __________________________________________________________________________________

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY AND SIGN BELOW. COMPLETION OF THIS FORM IS NECESSARY IN ORDER TO PARTICIPATE IN THIS CLASS/ACTIVITY. I UNDERSTAND MY DECISION TO TAKE THIS CLASS/ACTIVITY/INTERCOLLEGIATE SPORT IS OPTIONAL AND VOLUNTARY.

(1) Assumption of Risks:

I understand that the above-listed class/activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. I understand and appreciate the risks that are inherent in the class/activity/intercollegiate sport. I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the class/activity/intercollegiate sport is voluntary and that I knowingly assume all such risks. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, but understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the class/activity/intercollegiate sport.

(2) Hold Harmless, Indemnity and Release:

In consideration of permission to participate in the above listed class/activity, I agree here and forever, to the maximum extent permitted by law, for myself, my family, my heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Community College District (“District”), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from my participation in the class/activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. I understand that I am releasing claims and giving up substantial rights, including my right to sue, and am doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

PLEASE NOTE: California Code of Regulations, Section 55220, states in part: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of minor students taking out-of-state field trips or excursions shall sign a statement waiving such claims.” I understand that this class/activity/intercollegiate sport may involve excursions or field trips as defined by Section 55220 of the California Code of Regulation, and I agree to waive all such claims.

I/WE, THE UNDERSIGNED, HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT.

__________________________________________________        _______________________________________________     ___________
Signature of Student/Participant                                                     Please Print Name                                                                     Date

________________________________________      ______________________________________    ________
Signature of Parent/Guardian (If student is under age 18)                                    Please Print Name                                                                      Date