



BUTTE-GLENN COMMUNITY COLLEGE DISTRICT

3536 Butte Campus Drive, Oroville, CA 95965

ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK

I wish to participate in the District sponsored activity(ies) of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|------------------------------|---|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases/bloodborne pathogens |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the college, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in the activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation. Although the college may assist in coordinating the transportation any assistance and/or recommendations provided is not mandatory.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements and the college assumes no responsibility or liability of any kind.

I have no known medical condition which may pose a risk to the health and safety of me or others by participating in the activity(ies).

I acknowledge that I have carefully read this **ACKNOWLEDGEMENT & ASSUMPTION OF POTENTIAL RISK** form and that I understand and agree to its terms.

Name of Participant (Print)

Signature of Participant (Required of all Participants, regardless of age)

Date

AND, if participant is under 18 years of age:

Signature of Participant's Parent or Legal Guardian

Date