

**YOSEMITE COMMUNITY COLLEGE DISTRICT
VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK**

District-sponsored activities: _____ Date(s): _____

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. Death |
| 4. Head and/or back injuries | |

I understand and acknowledge that by participating in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. I understand, acknowledge, and agree that the District, 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 this activity.

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity (ies) and the District assumes no liability for loss or injury resulting for my transportation.

I am also aware that the vehicle is provided by myself or my organization/agency, and that the District does not own or maintain said vehicles. The District is not responsible for any liability from use of the vehicle. If the District 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 that may pose a risk to the health and safety of others or myself by participating in the activity (ies).

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

Print Name

Signature

Print Name	Signature