**Yosemite Community College District**

**Trip Waiver and Release Agreement**

I, the undersigned, request participation in the *Event* which will be held *Date*, sponsored by the *Event sponsored by.* (hereinafter referred to as the “activity”).

I consent to participation in the activity and acknowledge that I fully understand I am responsible for all transportation and fees associated with travel and flights to and from. This also includes any risks and liabilities involved during this transportation part of the activity.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the activity, including transportation to and from the activity.  I agree I am financially responsible for any losses and damages resulting from my participation in the activity.

I certify that I am in good health and have no medical condition preventing my safe participation in this activity. I agree to use my personal medical insurance and consent to emergency medical treatment in the event such care is required.

In consideration for College allowing me to participate in the activity, I hereby waive all claims or causes of action against the Yosemite Community College District; College, its auxiliary organizations, and the officers, employees, volunteers, and agents of each of them arising out of my participation in the activity and hereby release from all liability in connection therewith.

I have read this waiver and release agreement and understand the terms used in it and their legal significance.  This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Activity Contact and Facility Owner is knowingly given up in return for allowing my participation in the activity.  My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

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|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Adult Participant’s signature                                                                 date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Participant’s Name (print)                                                     (Area code) Phone number**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent’s signature  \*(required for participants under 18)                     date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Participant’s Address                                                City/State                              Zip** |