

**LOS RIOS COMMUNITY COLLEGE DISTRICT**

**AGREEMENT TO PARTICIPATE AND WAIVER/ASSUMPTION OF RISK**

**EMPLOYEE PARTICIPATION (Non-work related activity)**

NAME: \_\_\_\_\_ ACTIVITY: \_\_\_\_\_

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion is a prerequisite to participation. **This document cannot be altered or modified by any verbal or written statements.**

I am aware that participating in this activity can involve **MANY RISKS OR INJURY** including, but not limited to, property damage, bodily injury, personal injury and death. Participation in this Class/Activity is completely voluntary and is not a work-related activity or duty. I acknowledge that my participation in this Class/Activity is not a reasonable expectancy of, or expressly or impliedly required by, my employment with Los Rios Community College District.

I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses and centers, its governing board and the individual members thereof, and all other DISTRICT officers, agents and employees from all liability (whether based on negligence or otherwise) for injuries (including death) and damages arising out of or in any way related to the activity and/or class.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family. This agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this agreement.

I consent to the District providing emergency health assistance if it is determined necessary and consent to the District notifying the emergency contact (listed below) and agree that this liability release and assumption of risk agreement applies to any of the DISTRICT's actions in this regard.

The following person should be contacted in case of an emergency: (please print)

\_\_\_\_\_  
Name Address Telephone No.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I FURTHER UNDERSTAND THAT I AM ASSUMING ALL RISKS INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

DATE: \_\_\_\_\_  
SIGNATURE & EMPLOYEE ID# \_\_\_\_\_