



Office of
Administrative Services
530.938.5220

VOLUNTARY ACTIVITIES PARTICIPATION FORM – MINOR

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to voluntarily participate in the District-sponsored activity of:
Name of Participant

Event: 2021 Summer Show Choir and Jazz Clinic
When: Sunday, June 20, 2021 through Saturday, June 26, 2021
Where: Outside, next to the Ford Theatre (Parking Lot F),
College of the Siskiyous, 800 College Ave, Weed, CA
Sponsored by: College of the Siskiyous Music Department
Ron Slabbinck, Camp Director

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

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:

- Sprains/strains
- Fractured bones
- Unconsciousness
- Head and/or back injuries
- Paralysis
- Loss of eyesight
- Communicable diseases
- Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

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 District, its employees, officers, agents, or volunteers, shall not be liable for any injury/illness suffered by me which is incidental to and/or associated with preparing for and/or participating in this activity.

I agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in the event or activity without compensation from the Siskiyou Joint Community College District, and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Participant Name _____ Participant Phone _____

Participant Signature _____ Date _____

Parent/Guardian Signature (if participant is under 18 years of age) _____ Date _____

