



## Voluntary Activities Waiver of Liability, Assumption of Risk & Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any way in

Activity: Siskiyou Basketball Summer Camp	
Location: COS 800 College Ave, Weed CA 96094 Gymnasium	
Date(s): Monday June 17, 2024 through Thursday June 20, 2024	
Time(s): <input type="checkbox"/> Ages 5 years - 8 years 8:30am - 10:30am	Sponsored by the men's basketball team
<input type="checkbox"/> Ages 9 years - 14 years 11:00am - 2:00pm	

Thereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Siskiyou Joint Community College District, its officers, employees, and agents from liability **from any and all claims including the negligence of the Siskiyou Joint Community College District, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in the Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Siskiyou Joint Community College District HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Photographic Release:** I do hereby grant and convey unto the Siskiyou Joint Community College District all right, title and interest in any and all photographic images and video or audio recordings made by the Siskiyou Joint Community College District during my participation in The Activity, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs of recordings.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

N/A

\_\_\_\_\_  
Signature of Participant

N/A

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age (if Minor)

\_\_\_\_\_  
Signature of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Print Name of Parent/Guardian of Participant if Minor

\_\_\_\_\_  
Date



MEDICAL AUTHORIZATION - MINOR ALL INFORMATION REQUESTED BELOW MUST BE PROVIDED

IF ALL INFORMATION IS NOT PROVIDED, THE FORM WILL BE RETURNED TO YOU; YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THIS ACTIVITY UNTIL THE COMPLETED FORM IS RETURNED.

As stated in California Code of Regulations, Subchapter 5, Section 55450, I understand that I hold the Siskiyou Joint Community College District, its officers, agents, employees and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's voluntary participation in the following activity.

Activity: Siskiyou Basketball Summer Camp Location: COS 800 College Ave, Weed CA 96094 Gymnasium Date(s): Monday June 17, 2024 through Thursday June 20, 2024 Time(s): [ ] Ages 5 years - 8 years 8:30am - 10:30am [ ] Ages 9 years - 14 years 11:00am - 2:00pm Sponsored by the men's basketball team

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that the resulting expenses will be the responsibility of the participant.

I fully understand that participants are to abide by all rules and regulations governing conduct during the activity. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

\_\_\_\_\_ has my permission to participate in the above described voluntary activity(ies): Participant Printed Name

Parent/Guardian Signature Date N/A (Minor) Participant Signature Date

Parent/Guardian Printed Name Participant Date of Birth

Address City State Zip Best Contact Phone #

Medical Insurance Carrier Policy No. Address Phone #

Parent/Guardian of Minor:

Check here if there are no special medical needs that the staff should be aware of and no medications are required for this activity.

Check here if your son/daughter will be required to take medication while participating in this activity. All medications must be registered on this form; All drugs, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff; If any medications are to be taken by the student, list the name and purpose of them below:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

If your son/daughter has any special medical needs, please attach a description to this sheet.