



Administrative Services

College of the Siskiyous, 800 College Ave., Weed, CA 96094

Phone: (530) 938-5353 - Email: adminservices@siskiyous.edu

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

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

Activity:

Volleyball Summer Camp 2025

Location:

College of the Siskiyous (Gymnasium)
800 College Ave
Weed, CA 96094

Date(s):

Tuesday, July 22 – Thursday, July 24, 2025

Time(s):

- ☐ Elementary – Middle School: 9:00 – 11:00 am
- ☐ High School: 1:00 – 3:00 pm

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 or 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.

Participant Name: _____

Age (if minor): _____

Participant Signature: _____

Date: _____

Parent / Guardian Name (if minor): _____

Parent / Guardian Signature (if minor): _____

Date: _____



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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.

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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 their parent/guardian.

(Participant Printed Name) _____ has my permission to participate in the above described voluntary activity(ies).

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Printed Name: _____

Participant Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Medical Insurance Carrier: _____ Policy #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Parent / Guardian of Minor

- ☐ There are no special medical needs that the staff should be aware of and no medications are required for this activity.
- ☐ My child 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 child has any special medical needs, please describe below.
