



College for Kids Activity Waiver and Release of Liability

Student/Participant Name: _____

Parent/Guardian Name: _____

Description of Activity:

Citrus Community College District
Community Education, College For Kids Program
1000 West Foothill Blvd.
Glendora, CA 91741

Date(s) of Activity:

Dept Name: Community Education

Coordinator: Hermen Sebastian

Director: Ivon McCraven

I understand and acknowledge that this Activity is voluntary and is not a mandatory part of any Citrus Community College District ("District") program. I authorize the following with respect to the pick-up of my child from the above-described Activity or from the District premises: (initial all that apply)

Transportation Options (Choose One)

Option 1: Student Pick Up

- ☐ My child may only be picked up by me.
- ☐ My child may be picked up by me or the authorized individuals listed on the required Emergency Contact Form.

Option 2: Self Transportation

My child may arrive and/or leave on their own.

- ☐ Yes
- ☐ No

I acknowledge and agree that my child will be signed in and out upon my child's arrival and departure from the Activity or the District premises. I further acknowledge and agree that:

- The driver of the vehicle in which my child is riding, either as driver or passenger, is not driving on behalf of, or as an agent of, the District, and that District has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- The District is in no way responsible for, nor does the District assume any liability for, any injury or loss which may result from my child's transportation.

I understand and acknowledge that this Activity and any related Activities, by their very nature, pose the potential risk of injury/illness to individuals who participate in such Activities. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before my child participates in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

Sprains
Head and/or back injuries
Unconsciousness
Fractured bones
Paralysis
Activity related injury/illness
Loss of eyesight
Communicable diseases



The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my child's participation in the above Activity, so that I can make a voluntary choice to allow my child to participate or not participate.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care is considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of accident or illness please notify:

Name: _____

Telephone: _____

Personal Care Physician: _____

Personal Care Physician Address: _____

Personal Care Physician Phone: _____

Dentist: _____

Dentist Address: _____

Dentist Phone: _____

Allergies: _____

Health Insurance Carrier: _____

Health Insurance Policy # and Group #: _____

Date of Last Tetanus Booster: _____

Medications Student/Participant is taking: _____

I hereby voluntarily release, waive, discharge, and hold harmless the Citrus Community College District, including its officers, agents, employees, and volunteers (collectively referred to as the "District"), from any and all liability, claims, demands, actions, or causes of action, including, but not limited to, those for personal injury, illness, property damage, or wrongful death, arising out of or related to my child's participation in the Activity, including travel to or from the Activity and any activities incidental thereto, whether caused by the negligence of the District or otherwise.

I understand and acknowledge that participation in the Activity involves inherent risks, including, but not limited to, physical injury, illness (including communicable diseases), or other harm, and I voluntarily assume full responsibility for any risks of loss, damage, or injury that may be sustained by my child or by me as a result of such participation.

I affirm that I am the parent or legal guardian of the participating child and that I have full authority to enter into this agreement on their behalf. I further understand that this release is intended to be as broad and inclusive as permitted by law and agree that if any portion of this release is held invalid, the remainder shall continue in full legal force and effect.

I certify that I have read this Activity Waiver and Release of Liability form carefully, fully understand its terms, and voluntarily agree to all conditions stated herein. I also acknowledge that I have had the opportunity to consult legal counsel before signing.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____