

Golden West College Request for Authorization

VOLUNTARY ACTIVITY PARTICIPATION (VAP)

THIS FORM MUST BE RETAINED ON FILE FOR THREE YEARS

Participant Name: _____ Dept: _____ Phone: _____

____ F/T Faculty ____ P/T Faculty ____ Manager ____ Permanent Staff ____ Hourly Staff

____ Student – Student ID #: _____

Voluntary Activity: _____

Date(s): _____ Location: _____

Acknowledgment, Release, and Assumption of Potential Risk Agreement

I understand and acknowledge that this Activity may be dangerous, hazardous, and by its very nature, pose the potential risk of severe and serious physical and emotional injury, illness, or even death, to all individuals who participate in such Activity.

_____(Initials) I UNDERSTAND AND ACKNOWLEDGE THAT IN ORDER TO PARTICIPATE IN THIS ACTIVITY, I AGREE TO ASSUME ALL LIABILITY AND RESPONSIBILITY FOR ANY AND ALL POTENTIAL RISKS, INJURIES, OR EVEN DEATH, WHICH MAY BE ASSOCIATED WITH PARTICIPATION IN SUCH ACTIVITY. I represent and warrant that I am mentally and physically fit, capable, able, and willing to participate in this Activity without any limitation. I assume full and sole liability for the use of my own vehicle in traveling to, during, and from, this activity.

I understand, acknowledge, and agree, that the District, its trustees, employees, agents, coaches, teachers, volunteers, and representatives shall not be liable for any injury or illness suffered by Student/Participant which is incident to, and/or associated with, preparing for, and/or participating in, this Activity.

I hereby release, discharge, indemnify, and agree to hold harmless District, District's governing board ("Board"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives free from any and all liability, arising out of, or in connection with, Student/Participant's participation in this Activity, including all related activities such as games, practices, training activities, trips, and related exercise. For purpose of this VOLUNTARY ACTIVITIES PARTICIPATION FORM ("FORM"), "liability" means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student/Participant or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns, may have against District, and its trustees, employees, agents, coaches, teachers, volunteers, and representatives, because of Student/Participant's personal, physical, or emotional, injury, accident, illness, death, or because of any loss of or damage to property that occurs to Student/Participant, or his or her property during Student/Participant's participation in the Activity that may result from any cause, including but not limited to, District's, trustees', employees', agents', coaches', teachers', volunteers', or representatives' own passive or active negligence, or acts other than fraud or willful misconduct.

_____(Initials) I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND THAT I UNDERSTAND THE POTENTIAL DANGERS INCIDENT TO ENGAGING IN THIS ACTIVITY, AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF THIS FORM, AND AGREE TO ITS TERMS AND CONDITIONS, AND UNDERSTAND THAT I AM WAIVING CERTAIN RIGHTS, AND ASSUMING THE RISK OF DAMAGE FROM MY PARTICIPATION IN THE ACTIVITY.

Participant Signature
(or parent if participant is a minor)

Date