WAIVER

SIERRA JOINT COMMUNITY COLLEGE DISTRICT PARTICIPATION IN A HIGH RISK CLASS/ACTIVITY PERMISSION, ASSUMPTION OF RISK, HOLD HARMLESS & MEDICAL TREATMENT AUTHORIZATION

Check One:	Required Curriculum Activity	<u>X</u>	_ V oluntary Activity		
Student s/Volunteer s Name: hereby requests permission to participate in					
the following co	ollege class/activity: Rocklin Aquatics Ma	sters	RAMS		
and/or injury. In surgical or dent judgment of the	at this class/activity could cause serious illing the event of illness or injury, I do hereby all diagnosis or treatment, emergency transpectated in the physician, surgeon, or dentist at the hospital or facility furnishing medical	consen portation d perf	t to whatever x-ray examir on, and hospital care consid omed under the supervision	ation, anestheti lered necessary	c, medical, in the best
regarding prope	dangers of participating in this class/activity r technique, training and other established ations governing this class/activity.				
As a condition of my participation in this class/activity, I agree to waive all claims against Sierra Joint Community College District (District) and to indemnify and hold District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.					
participate in the	wledge that the District does not provide li- is activity. o special health needs the staff should be a- special need, and instructions are attached	ware o	and no medication is req	uired during thi	
Name Signat	ure		Name - Print	Hard with Secretary	Date
If Student/Vol	unteer is under the age of 18:				
Parent/Guardia	n - Signature	3 3	Parent/Guardian Name	Print	Date
Medical Insura	nce Carrier.		Policy Number:		 .
	(e.g., Blue Cross)				
In the event of	an emergency, please contact:				
-	(Name)		(Relationship)	Work ()
(rame)				Home ()