

**COAST COMMUNITY COLLEGE DISTRICT
VOLUNTARY ACTIVITIES PARTICIPATION FORM**

ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF POTENTIAL RISK AGREEMENT

I, _____ ("Student/Participant"), _____
(Student I.D. or Driver's License Number), wish to participate in the Coast Community College District ("District")
activity of _____ ("Activity") at _____ College.

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
