

LIABILITY, RISK ACKNOWLEDGMENT, AND CLAIMS RELEASE FORM

ASSUMPTION OF RISK

I, the undersigned, fully understand that participation in________, program sponsored by Los Angeles City College ("City College"), is an activity that exposes me to the possibility and risk of personal injury, and I knowingly assume these risks. I realize the risks involved in my participation could lead to a range of injuries from minor to severe, including but not limited to the following: physical injury (including sprains, fractures, scrapes, bruises, or other more serious injuries including paralysis or other permanent disability), headaches, food poisoning, contracted illnesses, or other injuries or accidents. I fully understand that there are special dangers, hazards and risks inherent in international travel and that I am responsible for and required to maintain adequate health, life, accident, and repatriation insurance coverage while I am a participant in ________. I knowingly and freely agree to accept these risks as a condition of my participation. I understand that "City College" does not require me to participate in this activity, and that to do so is my choice, despite the risks and dangers.

WAIVER OF LIABILITY

The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, discharge, waive and relinquish any action or cause of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he /she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage, death or loss of any kind whatsoever against the DISTRICT, the BOARD of TRUSTEES, the DISTRICT's officers, employees, agents, representatives, volunteers shall arise by the negligence of any of said persons, or otherwise.

INDEMNIFICATION AND HOLD HARMLESS

The undersigned for him/herself, his/her heirs, executors, administrators, and assigns agrees that in the event any claim for personal injury, property damage, death or loss of any kind whatsoever shall be prosecuted against the DISTRICT, the BOARD of TRUSTEES, the DISTRICT's officers, employees, agents, representatives, volunteers, or student managers, he/she shall hold harmless and indemnify the DISTRICT, the BOARD of TRUSTEES, the DISTRICT's officers, employees, agents, representatives, coaches, volunteers, athletic directors, athletic trainers, student managers, or student trainers from any and all claims or causes of action by whomever or wherever made or presented for personal injury, property damage, death, or loss of any kind whatsoever.

INSURANCE

The undersigned understands he/she is solely responsible for maintaining his/her own medical and dental insurance at his/her own expense throughout the duration of his/her participation in ______. The undersigned further understands he/she is solely responsible for any and all medical costs not covered by his/her personal insurance carrier.

ACKNOWLEDGEMENT

I acknowledge that I sign this Liability, Risk Acknowledgment and Claims Release Form with full knowledge of California Civil Code Section 1542 which reads:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by his/her must have materially affected his/her settlement with the debtor."

The provisions of this statute are her	eby waived. I have carefully read this Liability, Risk
Acknowledgment and Claims Release Form and know and understand its contents. I understand it is a	
full release of all liability and I am giving up substantial rights, including the right to sue. The undersigned	
acknowledges that he/she is signing the agreement freely and voluntarily. I, the undersigned, also	
understand that I must sign this agreement before my participation in	
Signature:	Date:
Print name:	Date:
Signature of Parent/Guardian:	Date:
if narticinant is under 18 years of age	