

Student Name _____ Date _____

Activity _____

AGREEMENT AND RELEASE OF LIABILITY

This agreement is between: (Parent if a minor) _____ and Yosemite Community College District and its instructors, members, agents, authorized guests and affiliated organizations.

I am aware that Community Education activity classes may involve strenuous physical activity and that myself or my child will be practicing and/or performing in situations that may be demanding and/or stressful.

I am voluntarily enrolling myself or my child in classes with knowledge of the risk involved, and I agree to accept any and all risk of injury that may occur in the normal course of events.

If I, or my child, has a disability or illness, I promise to consult with my attending health care provider before taking the above instruction.

I agree that I, my heirs, legal representatives and assigns do hereby agree to:

1. NOT make claims against Yosemite Community College District and or the Instructor (individually or collectively) for any damage to myself or my child or another resulting from my participation in this or any other program offered by Yosemite Community College District, and,
2. Waive, release, and discharge Yosemite Community College District and or Community Education Instructor from all claims or demands arising from injury or damage to myself or my child or another caused by myself or my child's participation in this program offered by Yosemite Community College District, Modesto Junior College Community Education.

I promise to defend, indemnify, and hold harmless Yosemite Community College District, Modesto Junior College Community Education, and Community Education Instructors from any claims and actions by third parties alleging injury from my (or my child's) participation in the programs.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Yosemite Community College District, Modesto Junior College Community Education, and sign it of my own free will.

Signature of student OR if student is a minor - parent or legal guardian

Date

**NOTE: If participant is a minor - fill out BOTH Participant and Parent/Guardian Information below and sign above.
If NOT a minor fill out the Participant Information and sign above.**

Participant Information (Please Print)

Name _____

Address _____

Date of Birth _____

Phone _____

Email _____

Parent/Guardian Information (Please Print)

Name _____

Address _____

Date of Birth _____

Phone _____

Email _____