

1530 W. 17th Street, Santa Ana, CA 92706 - Building L-222
Telephone: (714) 564-6254 Email: service_learning@sac.edu

Notes: _____

ATTENTION: Please complete and return this form to Service Learning Program in L-222 before you start the volunteer service. Failure to do so may affect the acceptance of hours. Please make a copy for your own records.

Revised Summer 2019

**RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK OF PARTICIPATION IN VOLUNTARY ACTIVITY MEDICAL TREATMENT AUTHORIZATION**

Participant's Full Name: _____ Activity: Service Learning

At (site name) _____ Semester _____ Year _____

In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue Rancho Santiago Community College District, their employees, officers, volunteers and agents (collectively "District") from any and all claims, including claims of the District's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity.

I am voluntarily participating in this Activity. I understand that there are risks associated with my participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location (s) or facility (ies). Nonetheless, I assume all risks of my participation in this Activity, whether known or unknown to me, including travel to and from the Activity (including air travel) or any events incidental to this Activity.

I agree to hold the District harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Activity, including travel to and from the Activity (including air travel) or any events incidental to this Activity. If the District incurs any of these types of expenses, I agree to reimburse the District.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the District from all liability, (b) waiving my right to sue the District, (c) and assuming all risks of participating in this Activity, including travel to and from the Activity (including air travel) or any events incidental to this Activity.

If I need medical treatment as a result of my participation in this Activity, travel to and from the Activity (including air travel), or any events incidental to this Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware that the District does not provide health insurance for me and that I should carry my own health insurance.

(Initial)

	I have no special health needs the staff should be aware of, and no medication is required during my participation in this activity.
	I have special needs and I have consulted with my physician and verify that I am medically fit to participate in this activity.

In the event of an emergency, please contact: _____
(Person's Name) (Relationship to you)

The person's home phone (_____) _____ - _____ Cell phone (_____) _____ - _____

I have read, understood and agreed with the statements above

Signature _____ Date _____

FOR STUDENTS UNDER 18 YEARS OF AGE ONLY:

Parent/Guardian Signature _____
Parent/Guardian Name (Please Print) Parent/Guardian Name Signature