



Sustainability and Resource Management Voluntary Activity Waiver and Indemnity Agreement

I, _____ (“Participant”) wish to enroll in, and participate in, Irvine Valley Community College District’s (“District”) Cooperative Work Experience Education Program and related activities. I understand that these activities could cause serious illness and/or injury, and I assume all risk for any such illness and/or injury.

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes 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 or wrongful death against the Irvine Valley Community College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

I hereby acknowledge and understand that unless specifically advised otherwise, the district is not providing transportation and it is my responsibility to arrange for my transportation to and from the activity (ies). As the District is not providing the transportation, I further understand the District is in no way responsible, nor does the District assume liability, for any injury or loss which may result from my transportation.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

In the event of accident or illness please notify: _____
Name Phone

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risk of bodily injury, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the forgoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

Student Signature: _____ Date: _____