VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
District Administration Center
333 Skyway Drive, Camarillo, CA 93010
(805) 384-8300

Moorpark College	Oxnard College	Ventura College	
VOLUNTARY ACTIVITIES PARTICIPATION FORM			

## STUDENT ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

I, (Print name)\_\_\_\_\_, wish to participate in the District-sponsored voluntary activities of \_\_\_\_\_\_

**I understand and acknowledge** that playing/participating or practicing to play/participate in the above activity, by its very nature, poses the potential risk of **serious injury/illness** to individuals who participate in such activities.

**I understand and acknowledge** that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, sprains/strains, fractured bones, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable diseases, and death.

**I understand and acknowledge** that participation in these activities may not only result in serious injury, but also significantly impair my ability to earn a living, engage in other business, social and recreational activities and degrade my enjoyment of life.

**I understand and acknowledge** that participation in these activities is completely voluntary although the District may require it for course credit or graduation.

**I understand and acknowledge** that because of the risks associated with my participation in these activities, I recognize the importance of following coaches'/trainers' instructions regarding playing techniques, training and rules and agree to obey these rules and instructions.

**I understand and acknowledge** that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

**I understand, acknowledge, and agree** that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me that is incidental to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **voluntary activity participation form** and that I understand and agree to its terms and accept personal responsibility.

Student Name (Print)	Signature	Date
Social Security Number:		
If minor, Parent or Guardian Name (Print)	Signature	Date

A signed **VOLUNTARY ACTIVITIES PARTICIPATION** form **must** be on file with the District before a student will be allowed to participate in the above extra-curricular activities.

Ventura County Community College District: Ventura College, Oxnard College, Moorpark College

Voluntary Activities Participation Form 2004