

**SANTA CLARITA COMMUNITY COLLEGE DISTRICT
VOLUNTARY PARTICIPATION WAIVER
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION**

Participant Name:		COC STUDENT ID #, IF APPLICABLE
Description of Activity:	College of the Canyons Nuts, Bolts & Thingamajigs Camp 26455 Rockwell Canyon Road, Santa Clarita, CA 91355	
Date of Activity:	July 17, 2017 – July 21, 2017	
Dept./Name:	Tim Baber, Ext. 3062	

I understand and acknowledge that this Activity is voluntary and is not a mandatory part of any Santa Clarita Community College District ("District") program. I understand and acknowledge that my child's participation in this Activity will include constructing metal projects at District's Welding and Metal Fabrication laboratories. The projects involve the welding and cutting of thin gauge metal using welding equipment (arcs and sparks). Participants will be provided with proper personal protection and safety equipment during equipment operation and as well as comprehensive safety training prior to working in the laboratories.

Participants must wear long pants and closed-toe shoes for protection. No shorts or sleeveless shirts allowed.

I understand and acknowledge that the above referenced Activity and any related activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- ◆ Exposure to welding fumes
- ◆ Exposure to ultraviolet rays
- ◆ Exposure to superheated metal
- ◆ Sprains
- ◆ Fractured bones/Sprains
- ◆ Activity related injury/illness
- ◆ Electric Shock
- ◆ Unconsciousness
- ◆ Eye Injuries
- ◆ Burns

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity, so that I can make a voluntary choice to participate or not participate.

The participant has no known medical condition(s) which may pose a risk to the health and safety of me or others by participating in the activity(ies). I agree to advise the District in writing of any medical, physical or health condition which may be affected or in any way jeopardized by participating in the activities.

In the event of accident or illness, 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. Further, I agree that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

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

I hereby voluntarily waive any claims against the District for injury, accident, illness or death occurring during or by reason of this activity(ies). I voluntarily elect to participate in this Activity. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activity or any activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Santa Clarita Community College District, College of the Canyons, its officers, agents, servants, or employees from any liability or responsibility for any property damage, personal injury, bodily injury, or wrongful death that I might sustain which is incident to and/or associated with preparing for and/or while participating in any activity in any way connected with said Activity, including travel to and from Activity locations, whether same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge that I have carefully read and understand this Voluntary Participation Waiver, Release of Liability and Medical Treatment Authorization and that I agree to its terms and conditions, and I give permission for my son/daughter to participate in these activities.

Signature of Participant or, if Participant is a minor, Parent/Guardian

Date

Print Name of Participant or, if Participant is a minor, Parent/Guardian

Check Box if Participant is a Minor