

SANTA CLARITA COMMUNITY COLLEGE DISTRICT TRANSPORTATION WAIVER & RELEASE OF LIABILITY

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| Participant Name: | |
| Description of Activity: | College of the Canyons (COC) Summer Institute |
| Dates of Activity: | <u>CIRCLE ALL THAT APPLY:</u> Week 1: July 8 – July 12, 2019 Week 2: July 15 – July 19, 2019 |
| Times of Activity: | Drop Off: 8:30 a.m. – 9:00 a.m. (Valencia Campus) Preferred Location is Lot 13 Camp Hours: 9:00 a.m. – 3:00 p.m. (Cyn Ctry Campus) Preferred Location is Lot 2A Pick Up: 3:00 p.m. – 3:20 p.m. (no extended care is available) |
| Activity Department and Coordinator Name: | Community Education – John Makevich (661) 362-3384 / Briana Linares (661) 362-3300 |

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 authorize the following with respect to the pick-up of my child from the above-described Activity or from the Santa Clarita Community College District ("District") premises: (initial all that apply)

- _____ My child may only be picked up by me.
- _____ My child may be picked up by me or the authorized individuals listed on the Emergency Contact Form.
- _____ My child may arrive and/or leave on his or her own by using the Summer Institute valet system on Lot 13 during drop-off and pick-up hours only.

I acknowledge and agree that my child will be signed in and out upon my child's arrival and departure from the Activity or the District premises. I further acknowledge and agree that:

- ♦ The driver of the vehicle in which my child is riding, either as driver or passenger, is not driving on behalf of, or as an agent of, the District and that District has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- ♦ The District is in no way responsible for, nor does District assume any liability for, any injury or loss which may result from my child's transportation.

I understand and acknowledge that this 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 my child participates 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:

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| ♦ Sprains | ♦ Head and/or back injuries | ♦ Unconsciousness |
| ♦ Fractured bones | ♦ Paralysis | ♦ Activity related injury/illness |

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 child's participation in the above Activity, so that I can make a voluntary choice to allow my child to participate or not participate.

I hereby voluntarily waive any claims against the District for injury, accident, illness or death occurring during or by reason of this Activity or any activities incidental thereto, including transportation to/from the Activity. I voluntarily elect for my child 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, including transportation to/from the Activity. 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 my child 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 Transportation Waiver and Release of Liability and that I agree to its terms and conditions.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date