



**Health Sciences & University Programs  
Hazardous Activity Class  
Student Assumption of Risk and Release Form**

Last Reviewed 3/6/19

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I, \_\_\_\_\_, wish to enroll in and participate in the following class:  
Print Name

Indicate program of application:	
<input type="checkbox"/> Associate Degree Nursing (RN) <input type="checkbox"/> Dental Hygiene (DH) <input type="checkbox"/> Health Information Technology (HIT) <input type="checkbox"/> Health Information Management (HIM) <input type="checkbox"/> Medical Assisting (MA)	<input type="checkbox"/> Medical Scribe <input type="checkbox"/> Nursing Assistant/Home Health Assistant (NA/HHA) <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Physical Therapist Assistant <input type="checkbox"/> Vocational Nursing (LVN)

Please initial each of the following statements.

\_\_\_\_\_ **Release of Liability and Waiver:** In return for being permitted to enroll and participate in the above Program, including any associated use of the premises, facilities, staff, equipment, transportation, and services of the Shasta-Tehama-Trinity Joint Community College District (District), I, for myself, heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** the District, the Board of Trustees, directors, officers, employees, and agents (collectively the "District"), from liability **from any and all claims, including the negligence of the District**, resulting in personal injury (including death), accidents or illnesses, and property loss in connection with my participation in the Program and any use of District premises and facilities.

\_\_\_\_\_ **Assumption of Risks: I understand that enrollment and participating in the Program** involves the risks associated with blood borne pathogens and the other activities described in the course outline of record. I further understand that certain inherent risks in the Program cannot be eliminated regardless of the care taken to avoid injuries.

I have been advised and am aware of the risks associated with enrolling and participating in the Program, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence or the condition of the Program location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Program and further agree to accept all Program rules and requirements for the program participation, travel policies, program schedules, and to follow the instructions given by supervisory personnel involved in the program and related classes.

**I am voluntarily participating in the Program and I acknowledge and fully assume the risks associated with my enrollment and participation.**

\_\_\_\_\_ **Indemnification and Hold Harmless:** I also agree to **indemnify and hold the District harmless** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of my involvement in the Program, and to reimburse it for any such expenses incurred.

\_\_\_\_\_ **Medical Certification and Consent:** I certify that I am physically capable and have received medical clearance for participating in the Program and that I have no medical condition which would interfere with my ability to safely participate. In the event of any medical emergency, as determined by District supervisory personnel, I authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical procedure or treatment, and hospital care deemed necessary for my safety and protection.

*Signature required on Page 2*



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\_\_\_\_\_ **Governing Law and Severability:** I understand that this document is written to be as broad and inclusive as legally permitted by the State of California and agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I agree this Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the Courts of the State of California.

\_\_\_\_\_ **Understanding and Acknowledgement:** I have read all previous paragraphs, including the release of liability and waiver, assumption of risk, and indemnity agreement, know, fully understand its terms, acknowledge these and other risks that are inherent to the Program, and **understand that I am giving up substantial rights, including my right to sue. I acknowledge my participation is voluntary, that I knowingly assume all such risks,** and that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the extent allowed by law. No other representations concerning the legal effect of this document have been made to me.

I am 18 years or older. I have read this document and fully and completely understand the potential risks that may be associated with the Program. I am signing this document freely.

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant is under 18 years of age: I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) release of District from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in the Activity including travel to and from. I allow Participant to participate in this Activity and I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_