



Administrative Services

530-938-5220

**VOLUNTARY ACTIVITIES PARTICIPATION FORM**  
**ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK - MINOR**

\_\_\_\_\_ wishes to voluntarily participate in  
Name

the District-sponsored activity of: **Siskiyous Eagles Men's Basketball Camp, Monday, July 9 through Thursday, July 12, 2018 from 8 a.m. to 12 noon or 1 to 5 p.m. at College of the Siskiyous, Weed, California. Sponsored by the Siskiyous' Men's Basketball.**

I understand and acknowledge that these activities, by their very nature, pose 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, the following:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 5. Paralysis             |
| 2. Fractured bones           | 6. Loss of eyesight      |
| 3. Unconsciousness           | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death                 |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

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 which 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 which is incidental to and/or associated with preparing for and/or participating in this activity.

I agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in the event or activity without compensation from the Siskiyous Joint Community College District, and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date