

**SIERRA JOINT COMMUNITY COLLEGE DISTRICT (SJCCD) AND
WOLVERINE AQUATICS CLUB (WAC)
WAIVER & RELEASE AGREEMENT/MEDICAL TREATMENT AUTHORIZATION
PLEASE READ CAREFULLY. THIS IS A RELEASE OF LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS.**

Name of Participant _____

Description of Activity Wolverine Aquatics Club (WAC) _____

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I agree and understand that this activity is hazardous and recognize that there are risks inherent to the activity that could lead to serious injury, including but not limited to slipping on wet decks, paralyzing injuries and death, and I assume all risk for any such injury or death.

As a condition of my participation in the above-described activity, I agree to waive all claims against SJCCD /WAC and to indemnify and hold SJCCD/WAC, its Board, officers, agents, employees and coaches, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against SJCCD/WAC or that any other person or entity may have against SJCCD/WAC due to any bodily injury, personal injury, illness or death, or because of any loss to property that may arise out of or in any way connected with the above-described activity. I hereby agree to use extreme caution and supervision on behalf of myself and my child at all times while participating in the program/activity. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation 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 to pay all costs associated with the medical care and transportation. I have noted any medical/health problems that the staff should be aware below.

Photograph/Video Release: I understand that registration in this program constitutes permission for SJCCD/WAC to use photos and videos taken during the course of business in promotional materials (including use on our website and Facebook page). Compensation will not be given for photos/video used in promotional materials. If you do not wish for your photos/videos to be used, an Opt-Out Form MUST be completed.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Guardian Signature

Parent/Guardian Name (Please Print)

Participant's Signature (required if 18 or over)

Date

Medical/Health Problems/Other concerns you want our staff to be aware of

Medical Insurance Carrier: _____

Policy Number: _____

In the event of an emergency, please contact:

Name

Relationship

cell: (____) _____
work: (____) _____

Name

Relationship

cell: (____) _____
work: (____) _____