## KERN COMMUNITY COLLEGE DISTRICT

## CONSENT FORM GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME:	
EVENT DATE:	
the undersigned Releasor, on my behalf, and o representatives and assigns ("I", "Me", "Undersigned Board of Trustees and its members individually, its of	Release and Waiver of Liability made voluntarily by me n behalf of my heirs, executors, administrators, legald", "Releasor") to the Kern Community College District, its officers, executives, directors, faculty, staff, administrators ding with respect to each of its campuses and educational
the undersigned, and the undersigned assumes any a the sole consideration of District allowing the unders with which the District has made available any equ programs or activities relating to the event, the under District, including any self-insurance funds of the Di of action of whatever kind or nature, arising from or future, foreseen and unforeseen, anticipated or unant	tion in the above named event may involve potential risk to and all such risks. The undersigned hereby agrees that for igned to participate in this event for which or in connection ipment, facilities, services, grounds or personnel for such resigned does hereby fully release and forever discharge the strict, from any and all claims, demands, rights and causes by reason of any and all known and unknown, present and icipated, bodily and personal injuries, damage to property undersigned's participation or involvement in or in way
injury or any loss sustained through participating in t	consible for all medical and other costs arising out of bodily this event. I authorize program staff to secure any licensed any treatment deemed necessary for the undersigned's
full responsibility for any and all injuries, damages, a and I hereby fully release and forever discharge, the I	Release and Waiver of Liability, the undersigned accepts and losses of any type, which may occur to the undersigned District, its Board of Trustees and its members individually inistrators, employees, agents, and representatives of any ucational centers.
I further understand that the acceptance of this Consthe District shall not constitute a waiver in whole or in	ent Form and General Release and Waiver of Liability by n part of sovereign immunity by the District.
The undersigned has read the above carefully before and General Release and Waiver of Liability shall be	signing and understands and agrees that this Consent Form in effect for a period of time for the dates listed above.
Signature	Date
Signature of Parent/Guardian (if under 18):	

## (Please Print) **IN CASE OF EMERGENCY NOTIFY**

NAME:	
ADDRESS:	
PHONE:	
CELL DHONE.	