

CONTRA COSTA COMMUNITY COLLEGE DISTRICT
AND
DIABLO VALLEY COLLEGE

CONSENT AND RELEASE

_____ EVENT

In consideration of being permitted to participate in _____
(describe program)
_____ at _____ on _____
(location) (date)

I hereby represent that I will obey and uphold all of the rules and requirements established by Diablo Valley College and Contra Costa Community College District, observe all program schedules and follow all directives given to me by supervisory personnel in all matters pertaining to the event. I grant Diablo Valley College and Contra Costa Community College District the right to terminate my participation in the event that my conduct is detrimental to or in conflict with the event or out of harmony with the best interests of the group as a whole, in which case I shall be sent home at my own expense.

I fully recognize and agree that Diablo Valley College and Contra Costa Community College District cannot and will not be held responsible in any way for my safety, my needs or my well being during any period in which I am not directly participating in the event.

I hereby release and agree to indemnify the trustees of the Contra Costa Community College District and Diablo Valley College and all of the agents, employees, officers and cooperating organizations of the District or College, either in their individual capabilities or by reason of their relationship to the trustees or to the College, from all responsibility or liability or claims of any nature whatsoever for loss, damage, or destruction of property, or injury or death to person, due to any cause whatsoever occurring during my participating in this event under the direction of Diablo Valley College. In addition, I fully acknowledge that I am responsible for any injury, loss or damage to property, to myself and to others.

I grant to Diablo Valley College, Contra Costa Community College District or any of its representatives, full authority to take any action deemed necessary to protect my health and safety at my expense, to include but not limited to placing me under the care of a doctor or in a hospital at any place for medical examination and/or treatment, or returning me at my expense if such return is deemed necessary after consultation with medical authorities.

I have read the foregoing Consent and Release and, understanding its terms, I freely agree to all of the provisions set forth therein.

Name _____ Home Telephone _____
(Please Print)

Signature: _____ Date: _____

_____ Date: _____
(Parent Signature, if under 18 years old)

California Driver's Lic. # _____ Vehicle Lic.# _____

Vehicle's Registered Owner: _____

Insurance Company: _____

Policy No. _____

Emergency Contact Person _____ Phone# _____