Diablo Valley College Student Life Office

## **VOLUNTARY ACTIVITIES PARTICIPATION FORM**

## ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I	, agree t	_, agree to participate in the District sponsored activities of			
(Nam		•			
/NI=	on		(D-4-)	•	
(Name of activity/event)			(Date)		
	nd and acknowledge that so g in these activities include, but		•		rom
1. 2. 3. 4.	Sprains/strains Fractured bones Unconsciousness Head and/or back injuries	5. 6. 7. 8.	Paralysis Loss of eyesight Communicable dise Death	ases	
as such is i	d and acknowledge that partic not required by the Student Li College District for course cred	fe Offic	e, Diablo Valley Colle	ge, or the Contra Co	
liability and	d and acknowledge that in ord I responsibility for any and n in such activities.				
Contra Cos not be liabl	d, acknowledge, and agree that ta Community College Districted for any injury/illness suffere or and/or participating in this ac	t, its er d by m	nployees, officers, age	ents, or volunteers s	shall
	lge that I have carefully read th that I understand and agree to			PARTICIPATION	
Participant S	Signature			Date	
Parent/Guardian Signature if participant is under 18 years old				Date	

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above extra-curricular activities.