

WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK

I acknowledge that I am an applicant for the Basic Wildland Firefighter (BWF) with the Yuba Community College District. I also understand and acknowledge that;

- (1) The BWF class will involve strenuous physical activity and movement, which may be dangerous and hazardous,
- (2) There is a risk that a serious accident may occur during my participation in the BWF class,
- (3) As a participant in the BWF class, I may suffer personal injury and harm, and
- (4) The injury or harm may be caused by, Yuba Community College District other participants, or a dangerous property condition. Knowing the risks involved, I nevertheless agree and consent to participate in the BWF class.

In exchange for participating in the Basic Wildland Firefighter class:

- I voluntarily assume any and all risks of injury, death and property damage related to my participation in the BWF class and knowingly agree to this waiver and release.
- I agree to waive, release, discharge, and promise not to sue the Yuba Community College District, its officers, officials, employees, agents, and volunteers from and for any and all claims for damages for bodily injury, personal injury, death, or property damage that I may have, suffer or experience as a result of my participation in the BWF class. This release is intended to discharge, in advance, the Yuba Community College District, its officers, officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in the BWF class, even though that liability may arise out of negligence on the part of the Yuba Community College District, its officers, officials, employees, agents, and volunteers.
- I agree to indemnify, defend and hold the Yuba Community College District and its officers, officials, employees, agents, and volunteers harmless from any loss, liability, claim, damage, or expense that they may incur as a result of my participation in the BWF class.
- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
- I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the producers, sponsors, and organizers.

I understand and agree that this waiver, release, and assumption of risk will bind my heirs, executors, administrators and assigns. **I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT**

Participant's Signature

Participant's Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

(If under 18 years old, Parent or Guardian must also sign.)