YUBA COLLEGE PUBLIC SAFETY CENTER
2088 N. Beale Rd., Marysville, CA 95901

Awareness of Risk and Release of Liability

Modular Academy: ☐ Level I ☐ Level II ☐ Level III; ☐ Other: _____

Student Information: **Name:** _____
Last, First, Middle Initial

Address: _____
Number, Street, Apt#, City, State, Zip

Home Phone: _____   **Cell Phone:** _____

Awareness of Risk

It is important for all students to know that there is always a risk of bodily injury when participating in college physical education class. It is possible that these injuries may be catastrophic, meaning permanent, serious injury including: partial paralysis, total paralysis, or even death.

"Because of the dangers of participating in the above activity, recognize the importance of listening to and following all of the instructor's instructions and warnings regarding techniques, training methods, rules of the activity and other class rules. I also recognize the importance of reading and adhering to all written instructions and written instruction and written warnings regarding techniques, training methods, rules of the activity and other class rules. I understand that all instructions and warnings, verbal and written, are incorporated by reference into this agreement and herby expressly promise to obey all such inductions and warnings."

☐ **I have read the above statement and fully understand its implications.**   _____   _____
Student Initial   Date

Release of Liability

I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter occur to me as a result of participation in the above activity.

My signature on this release form discharges the Yuba College Community School District, its employees, officers and agents from any liability arising out of or connected in any way with my participation in the activity identified above.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Insurance Information: Insurance Company: _____   Policy #_____

In the event of illness or accident, please notify:

_____   _____
Name   Phone Number

Cadet Signature: _____   **Date:** _____

Reviewed By: _____   **Date:** _____

Revised: 02/2015