

**YUBA COMMUNITY COLLEGE
ADMINISTRATION OF JUSTICE**

LIABILITY RELEASE

Please print all responses except for signature line.

NAME:

(Last)

(First)

(Middle)

ACTIVITY/DESTINATION:

BEGINNING DATE/TIME:

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.

Signature (If under 18, parent/guardian)

Date

Street Address

Telephone Number

City

Zip Code

Health Insurance Company

Policy Number

In the event of illness or accident, please notify:

Name

Telephone Number