



**VOLUNTARY / NON-STUDENT ACTIVITY WAIVER
-RELEASE AND INDEMNITY AGREEMENT-**

Name of Participant: _____

Activity: _____

Facility: _____ Date of Use: _____

The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto, wherever or however the same may occur and continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury or property damage against the Shasta-Tehama-Trinity Joint Community College District or any of its officers, agents or employees for any of said causes of action.

BY THIS INSTRUMENT, THE UNDERSIGNED EXEMPTS AND RELIEVES THE SHASTA-TEHAMA-TRINITY JOINT COMMUNITY COLLEGE DISTRICT FROM LIABILITY FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE.

The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury or property damage shall be prosecuted against the Shasta-Tehama-Trinity Joint Community College District, he/she shall indemnify and save harmless the Shasta-Tehama-Trinity Joint Community College District from any and all claims or causes or action by whomever or wherever made or presented for personal injuries or property damage.

The Undersigned acknowledges that he/she has read the foregoing Waiver of Liability Notice and has been fully and completely advised of the potential dangers incidental to engaging in the activity and is fully aware of the legal consequences of signing the within instrument.

Signature of Participant
(or Parent/Legal Guardian if under 18 years of age)

Date: _____

(Original will be kept on file in the Division/Department Office for one year)