

MiraCosta Community College District
Liability Release and Waiver Agreement

In consideration for permission to participate in the Physical Activity, each person signing below hereby stipulates and agrees:

Assumption of Risk

I represent that I am physically sound and to my knowledge I have no medical condition that will prevent me from participating in the Physical Activity I VOLUNTARILY AND FULLY CHOOSE TO ASSUME ALL RISKS AND DANGERS, including the risk of injury or death, that may be associated with resulting from, my participation in the Physical Activity

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(NAME OF PARTICIPANT-PLEASE PRINT)

Date: _____

(C) _____
(SIGNATURE OF PARTICIPANT)

Date: _____

(D) _____
(SIGNATURE OF PARENT/GUARDIAN OF MINOR)

Participant's Age (if minor) _____(E)

INSTRUCTIONS#1. Complete lines (AC) above for adults and lines (B, D & E) for minors under age 18#2. Fill in Date.

Any questions about this waiver should be discussed between you and your legal representative or attorney 06 2010