



GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Caution: This is a release of legal rights. Read and understand it before signing.

Cochise County Community College District ("College") is a public educational institution. All references to College include all of its locations as well as its officers, officials, employees, students, volunteers, agents, and assigns.

I, \_\_\_\_\_, freely choose to participate in College athletics/tryouts or in College hosted/sponsored athletic events (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: (Specific dangers endemic in this Program's activity.) I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to, the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, the Sports Medicine staff and/or the Athletic Department administration. By signing below I hereby certify that I have active medical insurance coverage, that it will be maintained with full force and effect for the duration of my athletic participation in the Program, and that such coverage will be considered primary in the event of any accident or injury I may sustain in the course of such participation in the Program.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I hereby affirm that there are no health-related issues or problems that preclude or restrict my participation in this Program. I have obtained all required immunizations, if any. I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between College and me. I hereby release College, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I may sustain as a result of any medical care that I may receive resulting from such Program participation, as well as any medical treatment decision or recommendation made by a College employee or agent. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and hold harmless the College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona. If any portion of this Release Form is held invalid, the rest of the document shall continue in the full force and effect.

Signature of Program Participant

Date

I have read the Assumption of Risk and Release of Liability above and hereby acknowledge that I understand it. As the parent or legal guardian of the minor Program Participant indicated above, I hereby agree to each and every term on behalf the minor, his/her family and myself.

Signature of Parent or Legal Guardian (if Program Participant is a minor)

Date