



ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND HOLD HARMLESS AGREEMENT FOR PARTICIPATION IN THE LOS ANGELES COMMUNITY COLLEGE DISTRICT'S FACILITIES, PLANNING & DEVELOPMENT MENTORSHIP PROGRAM

For and in consideration of permitting my participation in the LOS ANGELES COMMUNITY COLLEGE DISTRICT's Facilities, Planning & Development Mentorship Program (the "ACTIVITY"), I agree as follows:

I seek to participate in the ACTIVITY, and I understand there are risks associated with traveling to/from and participating in the ACTIVITY, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that such injuries or outcomes may arise from my own or others' actions, inaction, or negligence; conditions related to travel; or the condition of the location of the ACTIVITY. I assert my participation is voluntary, and I assume any and all risks of my participation in the ACTIVITY and/or travel to, from and during the ACTIVITY.

I hereby for myself, my heirs, executors, administrators and assigns voluntarily release, discharge, waive and relinquish any and all claims or causes of action against the LOS ANGELES COMMUNITY COLLEGE DISTRICT ("DISTRICT"), the DISTRICT's Board of Trustees, officers, employees, agents, representatives, and volunteers related to my participation in the ACTIVITY and/or travel to, and from and during the ACTIVITY.

I hereby for myself, my heirs, executors, administrators, and assigns agree to hold harmless and indemnify the DISTRICT, the DISTRICT's Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims or causes of action related to my participation in the ACTIVITY and/or travel to, and from and during the ACTIVITY. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

I understand the consequences of signing this document, including assuming any and all risks of participation in the ACTIVITY and/or travel to, from and during the ACTIVITY, and waiving any and all claims and causes of action against the DISTRICT.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing this agreement freely and voluntarily. No other representations concerning the legal effect of this document have been made to me.



Signature of Participant

Date

Print Participant's Name

Complete if Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the consequences of signing this document, including assuming any and all risks of participation in the ACTIVITY and/or travel to, from and during the ACTIVITY, and waiving any and all claims and causes of action against the DISTRICT.

I have read this document, and I am signing this agreement freely and voluntarily. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Date

Print Name of Minor Participant's Parent/Guardian