

## Assumption of Risk and Release of Liability

I \_\_\_\_\_, freely choose to participate in the athletic program (henceforth referred to as the "Program") at GateWay Community College (GWCC), a college within the Maricopa County Community College District (MCCCD). In consideration of my participation in this program, I agree as follows:

**RISKS INVOLVED IN PROGRAM:** Participation in all sports requires an acceptance of risk of injury, such as pre-season physical examinations, proper facilities maintenance, and instruction of correct sports technique we attempt to provide a safe, competitive environment for all student athletes. In addition we have team physicians, (general practitioner and orthopedic specialist) and certified athletic trainers to assist you with injury prevention and treatment.

Athletic competition, by its very nature results in numerous uncontrollable situations where injuries cannot be avoided. As an athletic participant, you may sustain an injury. The injury may range from a minor one, such as a muscle pull, to one of great severity, such as a spinal cord injury and which could result in deformity, paralysis, or even death.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that GWCC/MCCCD is not obligated to attend to any of my medical or medications 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 a representative of GWCC/MCCCD to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. GWCC/MCCCD 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 GWCC/MCCCD and me. I release GWCC/MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the GWCC/MCCCD. I agree to pay all expenses relating thereto and release GWCC/MCCCD from any liability for any actions.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend GWCC/MCCCD and their officials, officers, employees, agents, and volunteers 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.

**INSTITUTIONAL ARRANGEMENTS:** I understand that GWCC/MCCCD is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or other goods or services associated with the Program. I understand that GWCC/MCCCD is providing these services only as a convenience to participants and that accordingly, GWCC/MCCCD accepts no responsibility, in whole or in part, for delays, loss, damage, or injury, to persons or property whatsoever, caused to me or others prior to departure, while traveling, or while staying in designated lodging. I further understand that GWCC/MCCCD is not responsible for matters that are beyond its control. I acknowledge that GWCC/MCCCD reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or academic program as deemed necessary by GWCC/MCCCD.

**INDEPENDENT ACTIVITY:** I understand that GWCC/MCCCD is not responsible for any loss or damage I may suffer when I am traveling independently or I am otherwise separated or absent from any GWCC/MCCCD activity. In addition, I understand that any travel that I do independently on my own before or after the GWCC/MCCCD sponsored Program is entirely at my own expense and risk.

**TRAVEL CHANGES:** If I become separated from the Program group, fail to meet a departure airplane, bus, or train, or become sick or injured, I will, to a reasonable extent, and at my own expense seek out, contact, and reach the Program group at its next available destination.

**SPECIFIC HAZARDS OF TRAVEL:** (Specific dangers endemic in this Program's area of travel.)  
Travel to and from practices and games in Maricopa County by car, bus, train, or air.

**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 which shall be the forum for any lawsuits filed under or incident to this Release Form of to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

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Signature of Student (or Parent/Guardian if under 18)

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Date

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Print or Type Full Name