

WEST HILLS COLLEGE COALINGA
COMMUNITY AND CONTINUING EDUCATION PROGRAMS

WELLNESS CENTER FITNESS PROGRAMS

PARTICIPANT AGREEMENT, WAIVER AND RELEASE

WAIVER: In consideration for being permitted to participate and use, the property, facilities, staff, equipment and services of the West Hills College Coalinga (WHCC) Community and Continuing Education Programs offered in the Wellness Center, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the West Hills Community College District (District), WHCC, its directors, officers, employees, and agents for liability from any and all claims including the negligence or carelessness of the District and WHCC, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, or which may hereafter accrue to me, as a result of my participation in the community service program activities, classes and sessions offered at the Wellness Center.

ASSUMPTION OF RISK: It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk are to be binding on my heirs and assigns.

INDEMNIFICATION AND HOLD HARMLESS: I agree to indemnify and to hold the District, WHCC, its officers, employees and agents free and harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in this activity and to reimburse them for any such expenses incurred.

ACKNOWLEDGEMENT OF UNDERSTANDING: ***I have read this agreement, waiver and release and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.***

In addition, I agree to abide by the rules and regulations of WHCC relating to use of and the participation in the community and continuing education programs offered in the Wellness Center.

Responsible Person's Signature: _____

Printed Name of Signer: _____

Date: _____

MEDICAL RELEASE

All participants are encouraged to, and acknowledge that they should seek a doctor's consent before beginning strenuous exercise. In case of a medical or surgical emergency, I hereby give my permission for any District or West Hills College Coalinga personnel or agent, to call 911 for emergency medical responders to provide for life support, medical treatment, services, transportation, and hospitalization as necessary.

Responsible Person's Signature: _____

Printed Name of Signer: _____

Date: _____