KERN COMMUNITY COLLEGE DISTRICT

CONSENT FORM
GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME:_____

TERM / DATE(S) OF SERVICE(S): 10/05/2025 - 06/30/2026

This is a legally binding Consent Form and General Release and Waiver of Liability made voluntarily by me, the undersigned Releasor, on my behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns ("I", "Me", "Undersigned", "Releasor") to the Kern Community College District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers (hereinafter "District").

The undersigned hereby acknowledges that participation in the above named event may involve potential risk to the undersigned, and the undersigned assumes any and all such risks. The undersigned hereby agrees that for the sole consideration of District allowing the undersigned to participate in this event for which or in connection with which the District has made available any equipment, facilities, services, grounds or personnel for such programs or activities relating to the event, the undersigned does hereby fully release and forever discharge the District, including any self-insurance funds of the District, from any and all claims, demands, rights and causes of action of whatever kind or nature, arising from or by reason of any and all known and unknown, present and future, foreseen and unforeseen, anticipated or unanticipated, bodily and personal injuries, damage to property, and the consequence(s) thereof, resulting from the undersigned's participation or involvement in or in way connected with the above named event and/or activity.

In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participating in this event. I authorize program staff to secure any licensed hospital, physician and/or medical personnel and any treatment deemed necessary for the undersigned's immediate care.

By the execution of this Consent Form and General Release and Waiver of Liability, the undersigned accepts full responsibility for any and all injuries, damages, and losses of any type, which may occur to the undersigned and I hereby fully release and forever discharge, the District, its Board of Trustees and its members individually, its officers, executives, directors, faculty, staff, administrators, employees, agents, and representatives of any, including with respect to each of its campuses and educational centers.

I further understand that the acceptance of this Consent Form and General Release and Waiver of Liability by the District shall not constitute a waiver in whole or in part of sovereign immunity by the District.

The undersigned has read the above carefully before signing and understands and agrees that this Consent Form and General Release and Waiver of Liability shall be in effect for a period of time for the dates listed above.

_____ _____

Signature Date

Signature of Parent/Guardian (if under 18):_____

(Please Print)

IN CASE OF EMERGENCY NOTIFY

NAME: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____