

Coconino Community College



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Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement

Name of Participant: \_\_\_\_\_

CLASS: Coding, Drones, and Cool Computer Stuff, CCC Page INSTRUCTOR: Jeff Jones July 29 – August 1, 2019

DESCRIPTION OF ACTIVITY: In classroom projects and outdoor hands on experiences, using computer technology.

Because of possible risks, my child and I are obligated to perform all activities in a safe and careful manner. I agree that Coconino Community College may immediately remove me from participating for any failure to perform any activity in a safe and careful manner at its discretion. I agree that Coconino Community College may revoke the privilege of volunteering without notice for any reason.

I hereby agree to assume all of the risks and to accept personal responsibility for any and all injuries and damages that my child or I may sustain as a result from participation in any of the activities. I hereby release, waive, discharge and agree not to sue the Coconino Community College and its employees, agents, representatives, and volunteers for all demands, losses or damages, including personal injury and death, caused by or alleged to be caused, in whole or in part, by any actions or by the negligence of the released parties.

I agree to defend and indemnify Coconino Community College and its employees, agents, representatives, and volunteers from and against any claims arising from or related to my acts or omissions while participating in any and all activities. I also agree to pay for any and all property damage caused by my child or me negligently, willfully, or otherwise.

I am aware that Coconino Community College does not provide accident or health insurance coverage for me or my child. I am responsible for any health care required as a result of our participation in any of the activities.

In the event of an emergency, I authorize Coconino Community College and its employees and agents to seek medical treatment as deemed necessary.

If any term or provision of this Informed Consent, Assumption of Risk, Liability Release and Indemnity Agreement is held to be illegal, invalid, or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid, or unenforceable, then it is the express intention of the parties that the remainder of this agreement, or the application of such term or provision other than to those as to which is held illegal, invalid, or unenforceable, shall not be affected thereby and shall remain in full force and effect.

I understand that photographs, videotapes, and other recordings will be made of students in the program. I consent to those photographs, videotapes, and other recordings and the use thereof as part of a record of the Program and to promote CCC Summer Camps and Programs.

I have read this agreement and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

Participant's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Please see other side for more information



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### Emergency Information:

Please include the information prompted below in case of a student emergency.

Family Doctor:

Phone Number of Family Doctor:

Additional Contact Person:

Phone Number of Additional Contact Person:

Any special needs or medical conditions/allergies of which we should be aware?

School Child will attend Fall 2019?

Grade:

*Please see other side for more information*