



## LIABILITY

### Hold Harmless Agreement / Waiver of Liability

#### Palomar Community College District

#### FINANCE AND ADMINISTRATIVE SERVICES

1140 West Mission Road, San Marcos, CA 92069-1487

Phone: (760) 744-1150 Extension 3450

Fax: (760) 761-3562

Email (questions only): EventsScheduler@Palomar.edu

### ADMINISTRATIVE OFFICE USE ONLY

Received By: \_\_\_\_\_

Event: \_\_\_\_\_

Event Date: \_\_\_\_\_

PLEASE PRINT OR TYPE CLEARLY, SIGN, DATE AND RETURN TO FINANCE AND ADMINISTRATIVE SERVICES:

Participant's Name: \_\_\_\_\_  Male  Female  
Last First MI

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Classification:  Guest  Faculty/Staff  Student

Emergency Contact Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

I, the above named participant, am eighteen years of age or older and have voluntarily applied for or enrolled in an Athletic event, activity or class including, among others, the Intercollegiate Athletic Programs and Events on the Palomar Community College District and Palomar College.

I acknowledge that the nature of the event, activity or class will expose me to hazards or risk that may result in my illness, injury, including permanent and life-compromising or life-terminating injuries, such as for example only, a spinal cord injury, or injury to any other vital organ or limb, or death and I understand and appreciate the nature of such hazards and risks.

That participant shall indemnify, defend and hold harmless the Palomar Community College District, its officers, agents and employees from all claims, suits, or actions of any nature arising out of my participation in the **ACTIVITY** other than acts of gross negligence by Palomar College, its officers, employees, and/or agents.

In consideration of my participation in the event, activity, class, or the Intercollegiate Athletic Programs and Events, I hereby accept all risk to my health and of my injury or death that may result from such participation.

In signing this waiver, I acknowledge that I have read it, understand its significance and am signing voluntarily of my own free will. I certify that I am at least 18 years of age, and that if I am under 18 years of age my parent/legal guardian has signed this form on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_