



Revised 1/17

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Use with all sports, recreation, and high risk classes, i.e., athletics, public safety, performing arts, labs, dance.

_____ wishes to participate in the Allan Hancock Joint
(PRINTED NAME)

Community College District sponsored activity(ies) of
.

Instructor _____ Course # _____ Course Name _____

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I understand and acknowledge that some of the injuries/illnesses that may result from participating in these activities include, but are not limited to, the following:

- | | | | |
|--------------------|-----------------------|---------------------|--------------------------|
| 1. sprains/strains | 3. unconsciousness | 5. paralysis | 7. death |
| 2. fractured bones | 4. head/back injuries | 6. loss of eyesight | 8. communicable diseases |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agent, or volunteers, shall not be liable for any injury/illness suffered by me as a result of my actions that is incidental to and/or associated with preparing for and/or participating in the activity(ies).

Unless otherwise advised, I understand that I am responsible for my own transportation to and from the activity(ies) and the college assumes no liability for loss or injury resulting from my transportation, and any person driving a personal vehicle is not an agent of the District. Although the college may assist in coordinating the transportation, any assistance and/or recommendations provided may not be mandatory.

If the college is providing transportation but I do not use the transportation, I am responsible to make my own transportation arrangements, and the college assumes no responsibility or liability of any kind.

I have no known medical condition that may pose a health and/or safety risk to me or others by participating in the activity(ies).

I acknowledge that I have carefully read this ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

Student Signature

Date

Parent's Signature (if minor)

Date

IMPORTANT NOTE: Before a student will be allowed to participate in the above activity(ies), a signed Acknowledgment and Assumption of Potential Risk form must be on file each semester and retained within the department for 14 months from the end of activity per the statute of limitation (Gov. Code Sec. 911.2).



PUBLICITY RELEASE FORM

I hereby grant my consent to Allan Hancock College to use my name and my likeness, whether in still or moving pictures, my photograph and/or other reproduction, including my voice and features, with or without my name for any editorial, promotion, trade, business or other purpose whatsoever, including testimonial and endorsement advertising. Allan Hancock College may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I hereby waive any right to approve the finished photograph, audio recording or video, or any copy that might be used in conjunction with the finished product. I understand I will receive no compensation for photographs, audio recordings or videos used and/or reused.

Please print clearly

NAME _____ **PHONE** _____

STREET ADDRESS _____ **CITY** _____ **ZIP** _____

EMAIL _____ **MAJOR** _____

SIGNATURE _____ **DATE** _____

NUMBER OF DANCES YOU CAN BE IN _____

NAME TO APPEAR IN PROGRAM _____ Cell # _____

Following are any previous engagements, commitments, or any special considerations we should know about before casting: 1. A flexible work schedule, 2. A wedding you know you must attend, 3. Any dates that you cannot possibly change. Simply listing these dates does not mean it is automatically excused, but it will be considered.

DAY	DATE	TIME	SPECIFIC EVENT/REASON

Please briefly explain your work schedule below and click on the times on the schedule below that you ARE available to remove the X's. (Example: Mondays and Fridays can be changed, but I must work on weekends.) Note: To best complete this form, use Chrome or download the PDF to your desktop before filling it out.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8 AM							
8:30							
9 AM							
9:30							
10 AM							
10:30							
11 AM							
11:30							
12 PM							
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