



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT

2411 WEST 14TH STREET, TEMPE, AZ 85281-6942

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

For Participants of Go Get IT (GGIT) November 14, 2025

Caution: This is a release of Legal rights. Read and understand it before signing.

I: _____, ID/MEID: _____

freely choose to participate in the _____ (henceforth referred to as the "Program"). in consideration of my participation in the Program, I agree as follows:

RISKS INVOLVED IN PROGRAM: (Specific hazards in this Program's activity include, but are not limited to:) Potential for bodily injury such as sprains/strains, slip/trips/falls, injuries caused by heat exhaustion or over exertion. Other outdoor injuries such as bites and stings and exposure to natural elements. Injuries caused by other participants or various games and equipment. Serious injuries include broken bones or head injuries. _____

HEALTH AND SAFETY: I understand it is my responsibility to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of the College to secure Emergency Medical Services. College may (but is not obligated to) take actions it considers to be warranted under the circumstances regarding my health and safety.

Such actions do not create a special relationship between the MCCCCD and me. I release the MCCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCCD. I agree to pay all expenses relating thereto and release College from any liability for any actions.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____
(if student is a minor)