

LOS RIOS COMMUNITY COLLEGE DISTRICT

WAIVER/ASSUMPTION OF THE RISK FOR EMPLOYEE PARTICIPATION IN OFF-CONTRACT PROFESSIONAL DEVELOPMENT AND ASSOCIATED TRAVEL

EMPLOYEE NAME: _____ WID: _____

Dates of Off-Contract Professional Development and Associated Travel: _____

This Agreement must be submitted with the Travel Authorization Reimbursement Claim prior to travel.

This is a release of liability and assumption of the risk agreement (Agreement). Read it carefully before signing below. Completion of this form is necessary to utilize Los Rios Community College District (DISTRICT) funding for off-contract professional development and associated travel. I understand my decision to participate in off-contract professional development and associated travel is optional and voluntary. This document cannot be altered or modified by any verbal or written statements.

I am aware that participating in off-contract professional development and associated travel (including international, out-of-state, and in-state travel) can involve MANY RISKS OF INJURY, including but not limited to, property damage, bodily injury, personal injury, and death. By signing this Agreement I hereby waive all such claims.

In consideration of the DISTRICT permitting me to participate in off-contract professional development and associated travel, I hereby voluntarily assume all risks associated with my participation and release the DISTRICT, its employees and volunteers, its colleges, campuses, and centers, and its government board and the individual members thereof, and all other DISTRICT officers, agents, and employees from all liability (whether based on negligence or otherwise) for injuries (including death) and damages arising out of or in any way related to participation in off-contract professional development and associated travel.

I understand and agree to accept all the rules and requirements associated with the professional development activities and travel to and from same. I understand, and agree, and grant to the DISTRICT the right to terminate my participation in the professional development within the DISTRICT's sole discretion. If applicable, I understand and agree that any costs associated with my return transportation shall be at my personal expense.

I consent to the DISTRICT providing or obtaining emergency health assistance for me if it is determined necessary and further consent to the DISTRICT using emergency contact information already on file with the DISTRICT.

This Agreement shall inure to the benefit of and be binding upon my heirs, decedents, successors, executors, assignees, legal representatives, and all family members. The provisions of this Agreement including, but not limited to, my waiver of liability and my assumption of risk shall survive this Agreement.

I, THE UNDERSIGNED, HAVE READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS AND THAT I AM VOLUNTARILY ASSUMING ALL RISKS AND WAIVING ALL CLAIMS ARISING OUT OR IN ANY WAY RELATED TO OFF-CONTRACT PROFESSIONAL DEVELOPMENT AND ASSOCIATED TRAVEL. I AGREE THAT NO ORAL REPRESENTATIONS, PROMISES, OR INDUCEMENTS NOT EXPRESSLY CONTAINED HEREIN HAVE BEEN MADE AND THAT THIS DOCUMENT CONSTITUTES THE ENTIRE AGREEMENT PERTAINING TO THE SUBJECT MATTER CONTAINED HEREIN.

Employee Name (Print): _____

Employee Signature: _____

Date: _____