

### Waiver of Liability

By signing this waiver, I agree to release and hold harmless the Ventura County Community College District, Moorpark College, its agents and employees from any claim arising from my child's participation in a Community Education class or activity, including any classes or activities that involve some inherent personal risk. In the event of illness or injury, I consent to whatever emergency medical care is considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is understood that resulting expenses will be the responsibility of the participant or participant's parent or guardian, if the participant is a minor.

I have read and fully understand this Waiver of Liability.

Camper's Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Emergency Phone Number

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