



SAN DIEGO COMMUNITY COLLEGE DISTRICT

CITY COLLEGE • MESA COLLEGE • MIRAMAR COLLEGE • CONTINUING EDUCATION

WAIVER AND RELEASE OF LIABILITY "Take Our Children to Work Day" 2019

I wish to bring my child, eight to eighteen years of age (8-18), to work with me on Thursday, April 25, 2019. I agree that while my child is at work with me, they will be with me and under my control at all times, and that I will be solely responsible for my child and their actions during the entire time that they are with me.

I understand and acknowledge that exposing my child to the work environment may present the potential for property loss, serious injury or death. The risks include, but are not limited to, those caused by terrain, facilities, equipment, weather, vehicular traffic and the actions of others, including, but not limited to, co-workers, spectators and volunteers.

I acknowledge that this form will be used by the San Diego Community College District (SDCCD) _____ and that it will govern my actions and my responsibilities.
(Campus or District Office Department)

In consideration and participation of this event, I hereby WAIVE, RELEASE AND DISCHARGE from any and all liability for the death, disability or personal injury to my child, SDCCD, its directors, officers, employees, representatives and agents, on behalf of my child and myself. I also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the entities mentioned in this paragraph from any liabilities or claims made by other individuals or entities as a result of my child's participation on April 25, 2019, including any loss, injury or death. THIS WAIVER, RELEASE AND DISCHARGE, COVERS MY PERSONAL RIGHTS AND MY RIGHTS AS PARENT and/or LEGAL GUARDIAN.

I am the Parent or Legal Guardian of (please list name and age of each child):

Name of Child	Age (8-18)	During these work hours a.m./p.m.

Employee/Parent Name: _____ Employee ID #: _____
(Legal Guardian) (Please Print)

Signature of Employee: _____ Date: _____

Approval of Supervisor: _____ Date: _____

A completed copy of this form **MUST** be on file with SDCCD by 5:00 p.m., Tuesday, April 23, 2019, in order to participate. Send scanned copies to Risk Management at sdccdriskmanagement@sdccd.edu or sent via fax to 619-388-6898, Attention: Frank Fennessey.