Rio Hondo Community College District Public Safety Division • Fire Technology

Rio Hondo College Fire Academy 11400 Greenstone Avenue Santa Fe Springs, CA 90670 562-941-4082

PARTICIPATION WAIVER

I, (print or type your full name)		, the undersigned,			
am a participant in the					
necessary for me to undergo vigorous ar					
hereby waive any and all claims and cau	ses of action for damage, atto	orney's fees and court costs			
against Rio Hondo Community College, or the City of Santa Fe Springs, and any employee(s) of Rio Hondo Community College and the City of Santa Fe Springs arising out of personal injuries or illness, or aggravation of any prior existing condition suffered by me as a result of this training. I understand that it is my responsibility to immediately report any injuries to the Lead Instructor in charge of					
			training. I understand and agree that this	waiver binds me, my heirs, p	ersonal representatives and
			executors.		
Participant's Name					
RHC Student ID Number or last four of S	SS#				
Home Address					
Number and Street N	ame	Apt. No.			
City	State	Zip Code			
Home Phone	Cell Phone	Cell Phone			
Signed at:	• 11400 Greenstone Avenue	Santa Fe Springs, California			
	3600 Workman Mill Road, W				
Participant's Signature		Date			
Witness Signature		Date			
TYTETOSS OIGHALATO	_	<i>Dato</i>			
Notes					

06/2020