



**COSUMNES  
RIVER COLLEGE**



AIR FORCE ASSOCIATION'S

**CYBERPATRIOT**

NATIONAL YOUTH CYBER EDUCATION PROGRAM

## **CRC Cyber Camps & AFA CyberPatriot Cyber Camp**

**Standard Camp: June 16-20**

**Advanced Camp: June 23-27**

AM: 08:30-12:00

PM: 13:00-16:30

AM: 08:30-12:00

PM: 13:00-16:30

**Note: All sections of this Agreement must be completed, with the signed original turned in the first day of camp, before a Student will be allowed to participate in any manner in the Cyber Camp Activity. An electronic version must be submitted to [CRC-CyberCamp@crc.losrios.edu](mailto:CRC-CyberCamp@crc.losrios.edu) ASAP to secure registration.**

## **PARTICIPANT INFORMATION – REQUIRED TO PARTICIPATE**

### **GENERAL INFORMATION**

Minor First Name:	Last Name:
Grade Entering in Fall 2025:	Date of Birth:
School Attending in Fall 2025:	T-Shirt Size: (Small/Medium/Large/X-Large)
Parent/Guardian 1 First Name:	Last Name:
Best Number to Reach You:	Email:
Parent/Guardian 2 First Name:	Last Name:
Best Number to Reach You:	Email:
Special Instructions to Reach Parent(s) (if any):	

### **EMERGENCY MEDICAL INFORMATION**

In the event of an emergency, the parent(s) listed above will be notified first. Please list additional emergency contacts below in case the parent(s) are unable to be notified. All emergency contacts below are authorized to pick up Minor Participant for non-emergency purposes:

Name of Emergency Contact 1:	Phone Number:
Name of Emergency Contact 2:	Phone Number:
Name of Authorized Pick up Person:	Phone Number:
Name of Authorized Pick up Person:	Phone Number:
Physician's Name or Medical Group:	Phone Number:

Medical Record Number (or other medical identification Number):	
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**FOOD ALLERGIES/MEDICAL CONDITIONS**

ANY KNOWN FOOD ALLERGIES:	
OTHER MEDICAL CONDITIONS THAT CAMP STAFF SHOULD BE AWARE OF:	
DIETARY LIMITATIONS:	

- **PLEASE NOTE THAT WHILE THE CONTRACTED FOOD PROVIDERS DO THEIR BEST TO FACILITATE ANY SPECIAL DIETARY NEEDS OR FOOD ALLERGIES, IT IS ASSUMED THAT MINOR PARTICIPANT WILL BE AWARE OF DIETARY NEEDS AND ALLERGIES AND WILL ACT IN ACCORDANCE TO HIS/HER PHYSICAL CONDITION.**

**WAIVER AND ASSUMPTION OF RISK**

<p>Upon execution of this form I, _____, hereby unconditionally release, waive and discharge my right, whether by contract or under operation of law to file cause of action(s) or claim(s) which I may have against Los Rios Community College District, or their contracted agents in relation to participation in CRC Cyber Camps, now or in the future.</p> <p>I hereby assume any and all risk of loss, liability, damage or costs, including bodily injury or property damage that may incur arising out or in connection to my acts and/or omissions.</p> <p>I fully understand the terms set forth in this form, and I hereby waive my rights freely and voluntarily without any inducement, assurance, or guarantee being made to me to the fullest extent allowed by law.</p>	
Signature:	Date:
Print Name:	



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## **CONTRACT FOR PARTICIPATION IN SUMMER 2025 CYBER CAMP ACTIVITY**

(INCLUDING WAIVERS AND RELEASES OF POTENTIAL CLAIMS, AND STATEMENT OF OTHER OBLIGATIONS)

All sections of this Agreement must be completed, with the signed original turned in to the Camp Office, before a Student will be allowed to participate in any manner in the Cyber Camp Activity.

Name of Student:	Address:
Grade:	Date of Birth:
School:	Telephone Number of Parent / Guardian:

The student is currently registered for the following Cyber Camp:

**CRC: Standard - June 16-20, 2025 AM or PM**

**CRC: Advanced - June 23-27, 2025 AM or PM**

In Consideration for the Student's ability to participate in a Cyber Camp student activity listed above (the "Activity"), including any try out or process used to select members to join or participate in the listed Activity, or attendance or participation in any Activity meeting, class, competition, show, event, or presentation, including travel to and from any meeting, class, competition, show, event, or presentation ("Activities"), the Student and the Parent or Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Activities. The privilege may be revoked at any time, for any reason, that does not violate Federal, State or District laws, policies or procedures. There is no guaranty that the Student will make the Team, remain on the Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the community college, and its employees (hereafter collectively referred to as "District").
2. The Student and Adult understand the nature of the Activity, and it's associated Activities, and the Student voluntarily wishes to participate in the Activities. The Adult consents to the Students involvement in the Activities.
3. The Student shall comply with the instruction and directions of Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Activity and the District. Failure to meet these obligations may, in the discretion of the District, result in immediate removal from Activities and a prohibition against any future involvement in Activities or other extra-curricular activities. Should the violation of these obligations also result in bodily injury or property damage during Activities, the Adult will (a) pay to restore or replace any property damaged as a result of the Student's violation, (b) pay any damages caused to bodily injury to an individual, and (c) defend, protect and hold the District harmless from such property damage or bodily injury claims.

4. Participation in Activities might result in injuries, potentially including serious or life threatening injuries or death. Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in Activities, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Activities. All such risks are deemed to be inherent to the Student's participation in Activities. By this Agreement, the Student and Adult are deemed to fully assume all such risks and, in consideration for the right of the Student to participate in Activities, understand and agree that to the fullest extent allowed by law they are waiving and releasing any potential future claim they might otherwise have been able assert against the District, or any Board Member, employee, agent or volunteer of the District ("Released Parties") by or on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in Activities might present a risk of Injury, the Student will immediately discontinue further participation in Activities, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. Any parent or guardian of the Student shall, thereafter, not allow the Student to participate in Activities until the unsafe condition or circumstance is remedied, with any question or concern regarding the alleged existence of the unsafe condition or circumstance addressed to their satisfaction.

6. Emergency medical information regarding the Student is provided below, and is current.

Name of Physician or Medical Group	
Contract Information (Address / Phone Number)	
Medical Record Number (or other identification number)	

The Adult agrees to provide updated medical information during the course of the Student's participation in Activities. If an injury or medical emergency occurs during Activities, District employees, agents or volunteers have my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

7. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

8. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive

understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Activities.

**BY SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (5) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT; (6) I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As the Student, I understand and agree to all of obligations placed on me by this Agreement.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Please return COMPLETED form to [CRC-CyberCamp@crc.losrios.edu](mailto:CRC-CyberCamp@crc.losrios.edu) ASAP. Upon receiving your form, your son or daughter's REGISTRATION WILL BE CONFIRMED. If we do not receive the form, your son or daughter's camp space will be forfeit and given to another student on the waitlist.