

GADSDEN STATE COMMUNITY COLLEGE

AGREEMENT FOR RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION

(For Field Trips and Other Off-Campus Activities)

In consideration of being allowed to participate in program-related events and activities sponsored for or by Gadsden State, I the undersigned, acknowledge, appreciate, and agree as follows:

1. I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE, Gadsden State Community College, its officers, servants, agents, or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out or related to any loss, damage, or injury, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF GADSDEN STATE COMMUNITY COLLEGE, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I can fully participate in this activity and am fully aware of the risks and hazards connected with the activity and I hereby elect to voluntarily participate in said activity and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity,
3. It is my express intent that this Agreement shall bind the members of my family, my heirs, assigns and personal representative, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE Gadsden State Community College.
4. **I UNDERSTAND THAT GADSDEN STATE COMMUNITY COLLEGE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY THAT I MAY SUSTAIN. I RELEASE AND HOLD HARMLESS ITS AGENTS, AFFILIATES, OFFICERS AND EMPLOYEES FROM ALL MEDICAL COSTS AND MEDICAL EXPENSES ASSOCIATED WITH THIS ACTIVITY.**

I have read this Agreement for Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. In executing this release I assert that I am 19 years of age or older and make this decision informed of its implications and entirely of my own free will.

PARTICIPANT (print)

AGE

PARTICIPANT SIGNATURE

DATE

FOR PARENT/GUARDIANS OF PARTICIPANTS UNDER AGE 19

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to all of the provisions of the AGREEMENT FOR RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Gadsden State Community College from any and all liabilities related to my minor child's participation in the program, related events and activities, even if arising from the negligence of Gadsden State Community College.

PARENT/GUARDIAN (print)

DATE

PARENT/GUARDIAN SIGNATURE

EMERGENCY PHONE NUMBER

EMERGENCY PHONE NUMBER