

Lorain County Community College

ASSUMPTION OF RISK WAIVER & RELEASE

APPLICATION TO PARTICIPATE

Event _____

Location/Destination _____

Beginning On _____ Ending On _____

Name (Print) Mr./Miss/Mrs./Ms. _____

Address (Print) _____

City, State

Zip

Phone

I understand that there may be inherent risks, dangerous conditions or harmful consequences of my participation in _____. I further understand that there are both known and unknown risks. I acknowledge that although Lorain County Community College has made every reasonable effort to insure my safety there are unavoidable risks involved in any activity of this type.

I accept full responsibility for my safety and well-being by participating in this activity and I understand that I am giving up specific legal rights by signing this document.

I acknowledge that I am over 18 years of age. I do hereby agree to hold Lorain County Community College, its employees and affiliates, harmless and indemnify them from any and all liability, loss, damages, costs, or expenses which may be sustained or incurred by me as a result of my participation in this activity.

I have read and executed this document with full knowledge of its significance, and I understand that I may not participate without this signed release.

NAME (please print)

DATE

SIGNATURE