

BOARD OF TRUSTEES OF COMMUNITY-TECHNICAL COLLEGES
Asnuntuck Community College

Activity Waiver Form

Participant's name: _____

Please Print

In consideration of being permitted to participate in _____ (hereinafter called "the activity") I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Asnuntuck Community College and/or the Board of Trustees of Community Technical Colleges (hereafter called "the College"), their trustees, officers, employees, and agents and to indemnify them from liability for any and all claims resulting from personal injury, accidents or illnesses (including death), and property damage or destruction arising from, but not limited to, participation in the Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date
Participant's Age (in minor) _____

I understand that participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions, to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

I also agree to indemnify and hold the College harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Finally, I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intent it by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date
Participant's Age (if minor) _____