



ASNUNTUCK COMMUNITY COLLEGE

170 Elm Street Enfield, CT 06082 860-253-3012 860-253-3063

Contact Information

Name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Email Address: _____

*If there are any medical concerns or special needs that we should be aware of please list here: _____

Program/Activity: _____

In consideration for participating in the above-referenced program/activity sponsored by the Student Activities Club at Asnuntuck Community College, I hereby waive and release Asnuntuck Community College, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I will participate as part of the above-referenced program/activity. I further represent that I am in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

Photo Release: The Student Activities Club reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Asnuntuck Community College use only and may be used in future catalogs, websites, brochures, pamphlets and/or flyers.

I have read this document and understand and agree to its terms and conditions.

Participant Signature

Date