



Board of Regents for Higher Education
Manchester Community College

Activity Waiver Form

Student Name: _____
Last Name First Name MI

Banner ID#:

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Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

Name of activity: _____

Provided transportation: Bus Airplane Automobile Taxi Other: _____ None
___ If you are driving, initial here as verification that you have insurance covering your vehicle and passengers.

Location(s) of activity or trip: MCC Campus Other: _____

Date(s) of activity or trip: ___/___/_____ to ___/___/_____

Sponsoring club/department: _____

List the name and telephone number of a relative or friend who should be notified in case of an emergency:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Doctor: _____ Telephone: _____

Are you allergic to any medications, or is there any medical or health related information that we should be made aware of by you? If so, please list: _____

*******I understand that I am responsible for my own transportation if I miss the provided transportation.*******

In consideration of being permitted to participate in the above listed activity (hereinafter called "the Activity") I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Manchester Community College and/or the Board of Regents for Higher Education (hereafter called "the College"), their Regents, 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.

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 intend it by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

Signature of Participant

Date

Signature of Parent/Guardian of Minor

Date