

OZARKS TECHNICAL COMMUNITY COLLEGE

LIABILITY WAIVER AND RELEASE

I, the undersigned Participant (or, if under the age of 18, having obtained the signature of my parent or legal guardian on this form in addition to my own), desire to participate in student travel (the "Activity") with Ozarks Technical Community College, which may include but is not limited to activities taking place on the campus of Ozarks Technical Community College, destination location, and transportation to and from the campus and other destinations. I assume any and all risks associated with these activities including, but not limited to, falls, personal injury, and collision with other persons, the effects of weather, including high heat and/or humidity, and motor vehicle transportation, all such risks being known and appreciated by me.

In consideration of my being permitted to participate in the Activity, I hereby release, waive, forever discharge, and covenant not to sue Ozarks Technical Community College, its governing board, officers, agents, employees, and any students acting as employees, from and against all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which I may have or which may hereafter accrue to me, arising out of or relating to any loss, damage, or injury that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of any officer, agent, employee, any student acting as an employee, and/or the governing board of Ozarks Technical Community College or otherwise, while I am in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted. **This is a voluntary release for any and all future injuries or accidents.** I am signing this Liability Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of the Activity, which could include serious or even mortal injuries and property damage.

I understand and agree that there may not be medical personnel available at the location of the Activity or on campus. I hereby grant Ozarks Technical Community College, or its authorized representatives, permission to authorize emergency medical treatment, if necessary, and that such action by Ozarks Technical Community College, or its authorized representatives, shall be subject to the terms of this Liability Waiver and Release. I understand and agree that Ozarks Technical Community College and its authorized representatives assume no

responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

In signing this release, I acknowledge and represent that I have fully informed myself of the content of this Liability Waiver and Release by reading it before I sign it, that I understand what it means, and that I sign this document as my free act and deed. It is my express intent that this Liability Waiver and Release shall be binding upon me and my family, spouse, estate, heirs, administrators, personal representatives, and assigns.

PARTICIPANT

(Signature)

(Printed Name)

Dated: _____

PARENT OR GUARDIAN

(Signature)

(Name and relationship to student)

Dated: _____