



I am voluntarily participating in:

- Event/Class/Activity: \_\_\_\_\_

- Date: \_\_\_\_\_

- Location: \_\_\_\_\_

If I have an emergency while attending this event, please contact:

_____	_____	_____
Name	Home Phone	Cell Phone

**OR**

_____	_____	_____
Name	Home Phone	Cell Phone

On behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby:

- waive, release and discharge Spoon River College and its agencies, officers, and employees from any and all liability for death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, my child, and my estate as a direct or indirect result of my or their participation in the activity or event; and
- indemnify, save, and hold harmless Spoon River College and its agencies, officers and employee of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my or my child's actions during this activity or event.
- consent to have medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, acknowledge that I have read and understand the above Waiver, Indemnification and Release.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness or Parent (if the participant is under 18) \_\_\_\_\_

Date: \_\_\_\_\_