

**SOUTHEAST COMMUNITY COLLEGE CAREERS IN HEALTHCARE DAY
WAIVER FORM**

Signed waiver form must accompany student when arriving at event in order to participate in hands on activities!

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SOUTHEAST COMMUNITY COLLEGE CAREERS IN HEALTHCARE DAY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Southeast Community College (SCC) and/or its Board of Governors members, administrators, instructors, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; and,

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that SCC and its Board of Governors members, administrators, instructors, employees, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I understand while participating in this activity, I may be photographed. I hereby grant to SCC, its associated partners, its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish photographs of me, including my image and likeness and depicted therein for editorial, trade, advertising or any other purpose and in any manner and medium; to alter the same without restriction, and to copyright the same. I hereby release SCC, its associated partners, representatives, employees, agents and assigns from any and all claims, actions and liability related to its use of said photographs.

I agree to WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons of SCC and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers from any loss or theft of your personal information. I also agree that SCC reserves the right to inform you of any events we may be hosting in the future and to refer your address to our any of our partners based upon your interests displayed upon registration. If you wish to opt out of this mailing list and not receive future contact from our partners, please reply with an email with the word 'remove' in the title line. Please know that we will never sell your private information to third parties, databases, or otherwise.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

I acknowledge and certify that I have read, understand, this document and agree to the Accident Waiver, Release of Liability Form, Personal Image Waiver, and Personal Data Liability Waiver listed above.

Signature of Student Attending Careers in Healthcare Day <hr/>	Dated this ____ day of _____, 202_
Signature of Legal Parent/Guardian of Student Registered for Careers in Healthcare Day <hr/>	Dated this ____ day of _____, 202_