



Waiver and Release Agreement

I, the undersigned, request participation in the _____ (Activity) which will be held on _____ (date(s) in _____ (City, State) sponsored by the _____ (Division) (hereinafter referred to as the "activity").

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the Activity Coordinator, _____ (Name, Title of Coordinator), before I sign this document and before the activity begins.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my participation in the activity.

I certify that I am in good health and have no medical condition preventing my safe participation in this activity. I agree to use my personal medical insurance and consent to emergency medical treatment in the event such care is required.

In consideration for Ozarka College allowing me to participate in the activity, I hereby waive all claims or causes of action against the State of Arkansas, the Board of Trustees of Ozarka College, Ozarka College, and the officers, employees, volunteers, and agents of each of them (hereinafter referred to as the "Activity Coordinator and Facility Owner") arising out of my participation in the activity and hereby release the Activity Coordinator and Facility Owner from all liability in connection therewith.

I have read this waiver and release agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Activity Coordinator and Facility Owner is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Adult Participant's signature

Date

Participant's Name (print

(Area code) Phone number

Parent's signature *(required for participants under 18)

Date

Participant's Address

City/State

Zip