

**WESTCHESTER COMMUNITY COLLEGE
OFF CAMPUS ACTIVITY
LIABILITY RELEASE AGREEMENT**

Participant Information

Name: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Zip: _____

Telephone(s): _____

E-mail: _____

Program Title: _____ Program Duration: _____

1. I state that I am of lawful age (18) and legally competent to sign this document. I understand the terms herein are contractual and not mere recital. I have signed this document as my own free act.
2. I state that I am aware of all the inherent dangers of participation and the risks involved in this activity, including bodily injury and death. I hereby affirm my voluntary participation in this activity and agree to expressly assume and accept any and all risks of injury or death. I hereby release, now and in the future, Westchester County and its officers and employees, Westchester Community College ("WCC" hereafter), its Board of Trustees, employees and agents, Faculty Student Association and Westchester Community College Foundation, on behalf of myself and my heirs and personal representatives, from any claims or liabilities of any nature including, but not limited to personal injuries, damages, or death, sustained by me, during the course of my travel to or from or participation in this activity, including claims or liabilities resulting from their negligence. I understand that by signing this document, I am giving up my legal right to sue to recover damages for claims I might have.
3. I understand and agree that WCC does not have medical personnel available at the location of the trip. I grant the WCC representative in charge of the trip permission to authorize emergency medical treatment, if necessary. I understand and agree that WCC assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
4. I understand that all participants are subject to WCC regulations, department guidelines, laws of the United States, and the laws of any state or country in which I may travel, and that in the event of violation of these, or behavior which is considered by WCC to be detrimental to the program, or other participants, WCC shall have the right to dismiss me from the activity. Even though WCC expects certain standards of conduct, I understand that as a participant, I am responsible for my own conduct. I further understand that there may be times during this activity where there will be no supervision, and during

these times I alone am responsible for my personal safety including the risk of any kind that I may encounter. I understand that whatever activity I choose to engage in, I shall not bring shame, embarrassment or ridicule upon WCC or this program on account of my behavior.

5. I agree that WCC shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation for failure to follow the established rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.

6. Emergency Contact Information

Name: _____

Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Address: _____

E-Mail: _____

7. Medical Information (in case of emergency – voluntary):

List medications that you are currently taking: _____

List any allergies _____

List any conditions that may affect your ability to participate in this event: _____

I understand that this information will be kept confidential and will only be released in the event of a medical emergency.

8. I have read and understood the terms of this Agreement and agree to accept the risk. I also agree to all the terms and conditions contained in this document on behalf of my heirs, representatives, executors, administrators, and/or myself.

Signature

Print Name Date

Witness

Print Name Date

Guardian Signature
(Only for those students who are below the legal age of eighteen.)

Print Name Date