

Waiver of Rights, Assumption of Risks, and Release of Liability, Agreement

Event Name:			
Event Date: By signing this form, I acknowledge that I am aboactivity that has inherent risks, hazards and dange that these include, without limitation, risks from tactivity, risks connected with my physical conditions usage of equipment, and actions of other participaresponsible to provide my health or accident insurphotographed, videotaped, and/or recorded and I	out to parers that cathe activition and reants or sprance. It waive my	rticipate in a annot be elir ty itself, tran equired exer sectators. I a acknowledg y photograp	minated. I acknowledge insportation to and from the rtion, risks from improper acknowledge that I am the that I may be that I may be hic rights to NJC.
I hereby consent to and authorize any use and rep of any and all photographs/digital images/video to Furthermore, I hereby authorize the staff of North	apes/reco	ordings.	
judgment in an emergency requiring medical atternancial obligation arising from such emergency facility.	ntion and	accept the	responsibility for any
For myself, my heirs, successors, executors, I her release, indemnify and hold harmless the Northea for Community College and Occupational Educatemployees, agents and volunteers from and again liabilities, suits, expenses and NEGLIGENCE of out of any damage, loss, injury, paralysis or death course, program or activity and/or use of this equilosses against the state, the Board or the college versions.	stern Jur tion, The st all clai any kind in conno ipment a	nior College State of Co ms, actions of nature arection with a nd to waive	(NJC), The State Board lorado, trustees, officers, causes of action, rising directly or indirectly my participation in this all claims for damages or
I, (print name UNDERSTAND, AND VOLUNTARILY SIGN AND RELEASE AGREEMENT.			
Signature (Parent or Guardian of under 18)		Date	
Address:			
Street	City	State	Zip Code
Emergency Contact Name		Emergency Phone	