



## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS CLASS AT COPIAH-LINCOLN COMMUNITY COLLEGE.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, 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 Co-Lin, its 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 registration 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:

Copiah-Lincoln Community College and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, instructors, sponsors, and volunteers;

(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 Co-Lin and their directors, officers, volunteers, representatives, and instructors 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, instructors, and/or producers of the activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

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.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name  
(Please print legibly)

\_\_\_\_\_  
Age



## Photo Release Form

PLEASE READ AND SIGN

I (**print name**) \_\_\_\_\_, give permission for my child  
(**print name**) \_\_\_\_\_ to be photographed (by Copiah-  
Lincoln Community College and or local media) during any and all-Kids College programs. I  
understand the photographs may be used for news stories, publicity, and promotion and  
that no compensation will be given to me or any of my family members.

\_\_\_\_ I give only Copiah-Lincoln Community College permission to photograph me during all  
Special Interest programs.

\_\_\_\_ I give Copiah-Lincoln Community College and local media permission to photograph  
me during Special Interest programs.

\_\_\_\_ No, I do not give Copiah-Lincoln Community College permission to photograph me  
during any Special Interest programs.

\_\_\_\_ No, I do not give Copiah-Lincoln Community College and local media permission to  
photograph me during any Special Interest programs.

**Name (sign):** \_\_\_\_\_

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

**Amount Collected:**

Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_ Credit Card \_\_\_\_\_ TOTAL: \_\_\_\_\_



## PLEASE READ AND SIGN

In case of an emergency, I grant Copiah-Lincoln Community College permission on our family's behalf to seek medical assistance, if necessary, for my child. The undersigned releases the college from any liability.

**Insurance Company:**

\_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Parent or Guardian:**

\_\_\_\_\_

**In case of emergency, please indicate an additional contact person we may call if we are unable to reach you.**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Relationship to the child:**

\_\_\_\_\_

### Photography Release Form:

I certify that I am the parent or the legal guardian of (**print name:** \_\_\_\_\_) a minor child, and give permission for the above-named child to be photographed (by Copiah-Lincoln Community College and/or local media) during any and all Kids College programs. I understand the photographs may be used for news stories, publicity, and promotion and that no compensation will be made to the child or me.

**Name (printed):** \_\_\_\_\_

**Name (signed): Date:** \_\_\_\_\_

**Thank You!**