

BOARD OF TRUSTEES OF COMMUNITY-TECHNICAL COLLEGES
Three Rivers Community College

Service Learning Activity Waiver Form

Participant's name: _____

Please Print

In consideration of being permitted to participate in activities connected with Service Learning courses (hereinafter called "the Activity") I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Three Rivers Community College and/or the Board of Trustees of Community Technical Colleges (hereafter called "the College"), their trustees, officers, employees and agents and to indemnify them from liability for any and all claims resulting from personal injury, accidents or illnesses (including death), and property damage or destruction arising from, but not limited to, participation in the Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date
Participant's Age (if minor) _____

I understand that participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions, to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

I also agree to indemnify and hold the College harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Finally, I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend it by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant Date

Participant's Age (if minor) _____

Signature of Parent/Guardian of Minor Date

If under the age of 18, please also complete reverse side of this form.

Complete this side only if under the age of 18.

BOARD OF TRUSTEES OF COMMUNITY-TECHNICAL COLLEGES
Three Rivers Community College
Parental Authorization and Waiver/Release of Liability

I, _____, parent or legal guardian of _____, a minor child, hereby give permission for my child to participate in activities conducted by Three Rivers Community College in connection with Service Learning courses.

I certify that my child is physically, mentally and emotionally able to participate in the activity described above. In consideration of being permitted to participate in the activity, I hereby voluntarily release Three Rivers Community College and the Board of Trustees for the Community-Technical Colleges from any and all liability resulting from or arising out of my child's participation. I understand and agree that I am releasing not only the entities set forth above, but also the officers, agents, and employees of those entities. I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I or my child may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me or my child, arising out of participation in the activity.

I understand and agree that by signing this Parental Authorization and Waiver/Release of Liability, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me and/or my minor child while participating in the activity. I understand and agree that by signing this Parental Authorization and Waiver/Release of Liability, I am agreeing to release, indemnify, and hold harmless Three Rivers Community College and the Board of Trustees for the Community-Technical Colleges and their officers, agents, and employees from any and all liability or costs, including attorney fees, associated with or arising from participation in the activity. I understand that this Waiver/Release of Liability will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian ad litem for said children.

I acknowledge that I have read this Parental Authorization and Waiver/Release of Liability and that I understand the words and language in it. I also understand that this Parental Authorization and Waiver/Release of Liability is valid for the duration of time that my child participates in the activity unless rescinded through my written instructions.

I am the parent or legal guardian of the minor, _____, and I am signing this Parental Authorization and Waiver/Release of Liability on behalf of said minor.

Student's Home Address: _____
Street Address City State Zip Code

Home Phone #:_()_____

Student's date of birth: ____/____/____

Student ID #:_____

Student's School:_____ Grade level:_____

Print Student Name: _____

Signature of Student (Age 7 or older): _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date:_____