



## Agreement to Participate Waiver Form

Name of Event/Activity \_\_\_\_\_

Date/s of Event/Activity \_\_\_\_\_

By signing this form, individuals are agreeing to the following:

- I acknowledge that I am in good health and good physical condition
- I understand that there are risks inherent in any physical activity
- I assume the risks and accept the consequences involved in my participation in this activity, including travel to/from this activity
- I understand that if I am injured, I am responsible for my health care costs and I agree to hold harmless Mott Community College, its Board of Trustees, officers, agents, employees, volunteers or students from any and all claims for injury or illness resulting from my participation in this event
- I understand that I am expected to comply with the instructions/directives/requirements communicated to me by MCC faculty/staff or others managing or monitoring the activity
- I understand that I am representing Mott Community College, and that the rules and regulations that govern student conduct remain in effect the entire time, and apply to both on and off campus activities

- I further understand that the possession/use/distribution of alcohol/other drugs and/or the possessions of weapons is not permitted at any time, and, if I fail to abide by these conditions, I may be required to leave the activity, and may be subject to disciplinary action and/or law enforcement action if warranted
- I am 18 years or older. I understand the legal consequences of signing this document, including releasing the College from all liability, promising not to sue the College, and assuming all risks of participating in this Activity, including travel to, from and during the Activity

I have read this document, and am signing it freely.

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Participant's Signature

Date

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Participant's Printed Name

Phone Number