

# CAREERS IN MANUFACTURING ENGINEERING DAY WAIVER FORM

Signed waiver form must be received prior to the event or accompany the participant upon arrival in order to participate in hands on activities!

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SOUTHEAST COMMUNITY COLLEGE CAREERS IN MANUFACTURING ENGINEERING DAY, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit 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 event holders, 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 application 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: Southeast Community College (SCC) and/or its Board of Governors members, administrators, instructors, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; and,

(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 SCC and its Board of Governors members, administrators, instructors, employees, volunteers, representatives, and agents 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, and staff. I agree to indemnify and hold its use of said photography equipment harmless.

I agree to WAIVE, RELEASE, AND DISCHARGE the entities or persons of SCC and/or their directors, officers, employees, and volunteers from any loss or theft of your personal information in the future and to refer your address to the mailing list and not receive future contact. I understand that SCC will never sell your private information to third parties.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I SIGN IT OF MY OWN FREE WILL.

I acknowledge and certify that I have read this Waiver, and Personal Data Liability Waiver.

\_\_\_\_\_  
First Name of Student

\_\_\_\_\_  
Last Name of Student

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

† I am 19 years of age, or older, and sign this form on my own behalf.

† I am the parent/guardian of the student listed above and am signing this form on their behalf.

\_\_\_\_\_  
Signature of Legal Parent/Guardian of Participant or Participant (if 19 or older)

\_\_\_\_\_  
Date