# MOHAWK VALLEY COMMUNITY COLLEGE

Intramurals Participant Waiver & Release of Liability
For participation in MVCC Intramurals

## READ CAREFULLY BEFORE SIGNING

**Instructions:**

1. Each participant should read the statements below before completing and signing this Waiver & Release Form.
2. Parents / Guardians should read the statements below before completing and signing this Waiver & Release Form.

**Agreement:** In consideration of my participation in Mohawk Valley Community College Intramurals and of my participation in the sponsored activities of the MVCC Intramurals, I acknowledge, agree to and understand that:

**1. Readiness to Compete**: Voluntary and of my own free will, I elect to participate in MVCC Intramurals. I will only participate in those MVCC Intramurals competitions and activities sponsored by MVCC Intramurals for which I believe I am physically and psychologically prepared to compete.

**2. Medical Consent**: I hereby give my consent to MVCC Intramurals to provide customary medical/athletic training attention from a non-professional student-athletic trainer/qualified MVCC representative or transportation and emergency medical services as warranted through the course of my participation in sponsored intramurals activities.

**3. Waiver & Release of Liability**: I am fully aware of and appreciate the risks associated with participation in an intramurals event, including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and loss. I further agree on behalf of myself, my heirs, and personal representatives, that MVCC Intramurals, Mohawk Valley Community College, the host organization, and sponsors of any MVCC Intramurals event, along with the coaches, referees, volunteers, employees, agents, coordinators of these organizations, shall not be liable for any injury, loss of life, or any other loss or damage occurring as a result of my participation in the event(s).

My signature below is my acknowledgement that I have read and understood every provision of this Waiver and Release of Liability, and that I agree to abide by it.

In consideration of being allowed to participate in any way in MVCC Intramurals, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in this program is present, including the potential for permanent injury and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and, assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation or any threat to my health and safety, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS MVCC Intramurals, Mohawk Valley Community College, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event {"Releases'"}, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**X**_____ **DATE SIGNED:** _____

**Participant's Signature**

# FOR PARTICIPANTS OF MINORITY AGE UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION

**This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.**

**X___ _____ Emergency Phone:_____**
**PARENT / GUARDIAN SIGNATURE**

**DATE SIGNED: _____**

**(Leave nothing blank)**

**Print Participant's Name:_____**

**Participant's Signature: _____ Date:_____**

**Residence Address: _____**

**City:_____ State:_____ Zip Code: _____**

**Print Parent's Name: _____**

**Parent's Signature (if applicable)_____ Date: _____**

**Insurance Statement: I understand that intramurals may result in injuries requiring medical attention. I understand that the cost of potential medical procedures is expensive, and that all costs will be covered by my insurance carrier or out of my own pocket.**

**_____-I do carry medical insurance that covers all types of medical expenses pertaining to injuries that I may incur while participating in Concord University Intramurals.**

**_____-I do NOT carry medical insurance, and personally assume all costs of potential injuries and the medical treatment(s) required. 1 have made myself aware of the risks involved with participation in Concord University Intramurals, and understand the potentially serious nature of all injuries associated with participation in Concord University Intramurals, and do not expect payment for medical procedures to be incurred by anyone other than myself.**

**Signature of participant: Date:**