

Release of Liability for Weatherford College Students Participating in On-Campus Activities.

Student must be 18 years of age or older to sign. Parent must sign if participant under the age of 18. Please read carefully before signing.

I, _____ (*print name*), a student at Weatherford College (WC), hereby acknowledge that I freely and voluntarily have made a commitment to participate in **WC Cheerleader Tryout (April 25, 26, 27, 2018)** (*name of activity*). I volunteered to participate in this event understanding that I would be required to execute this Release of Liability. I further understand that I must provide my own transportation for the event or, if transportation is provided for me, I accept the same at my own risk and understand that no insurance coverage exists through WC to cover claims or damages which may arise out of my acceptance of such transportation or my participation in the event.

In consideration for the opportunity to participate voluntarily in the enhanced recreational/ intramural/ educational/social, and/or athletic opportunity(s) the event will provide me as a student of WC, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further state that I am 18 years of age or older and competent to sign this affirmation and release.

I fully understand and agree that by participating in the event that there are risks of accidental or other physical or emotional injury. Specifically, these risks may include, but are not limited to, loss or damage to personal property, injury or fatality due to (1) travel to and from the Event; (2) the condition of facilities and location in which the Event will occur and whether the Event involves physical or emotional exertion; and/or will take place in a remote setting; (3) physical exertion; (4) emotional or psychological stress; (5) inclement weather; (6) exposure to outdoor terrain and all the risks inherent therein; and (7) suffering illness or accident in a remote area without easy access to medical facilities, among others. I have fully investigated the nature of the event, including whether participants will be subjected to physical and emotional stresses, and I understand and assume the risks of my participation in the event. I further represent that I have made the Faculty/Sponsor/Advisor aware of any physical or mental disabilities which might limit or affect my participation in the event.

I EXPRESSLY AGREE AND INTEND THAT MY PARTICIPATION IN THE EVENT SHALL BE UNDERTAKEN BY ME AT MY OWN RISK, AND THAT NEITHER WEATHERFORD COLLEGE, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN THE EVENT, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON MY PART, OR THE PART OF ANY OUTSIDE AGENCY OR INDIVIDUAL, WEATHERFORD COLLEGE OR ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND WEATHERFORD COLLEGE, ITS TRUUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Texas. Should any term or provision of this Release of Liability be found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect.

By signing below, I acknowledge that I have read and understand the foregoing document.

ACCEPTED AND AGREED

BY: _____
Signature date

PRINTED NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

EMAIL: _____

WC STUDENT ID#: _____