

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE

Assumption of Risk and Liability Release for Great Bay Community College Volleyball Open Gym

After reviewing this form, please fill out all information and place your signature where required, authorizing your participation in the Great Bay Community College Volleyball open gym from February 10, 2016 through May 7, 2016.

PLEASE PRINT

Participant's Name: _____

Address: _____

City: _____

Zip Code: _____

Home Phone: _____

Local Phone(s): _____

I fully understand that participating in volleyball games is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I assume all risks associated with participating in this event, including but not limited to: sprains, strains, eye injuries, falls, contact with other participants, contact with equipment, all such risks being known and appreciated by me.

I understand and agree that the Releasees may or may not have medical personnel available at the location of the Activity. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

I have read this waiver and fully understand its terms, and understand that, I, for myself and anyone entitled to act on my behalf, waive and release the Community College System of New Hampshire, their representatives and successors from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I may sustain or which may be caused in any way by me arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Participant Signature: _____ Date: _____

Signature of Parent/Guardian if student is not at least 18 years old:

Signature: _____ Date: _____

Parent's Name: _____

Parent's Telephone Number: _____

Parent's Address: _____