



I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SOUTHEAST COMMUNITY COLLEGE CAREERS IN TECHNOLOGY 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 _____ ce 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, v,-2m(G)-5 (o)2 (v)4.4 (e21) Tj0.001 Tc 0.004 Tw 31.48 Td(n)