

GREENFIELD COMMUNITY COLLEGE
PARTICIPANT RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK

Name of Participant _____
Name of Course/Program _____
Dates of Participation _____

I, _____, acknowledge that I am at least eighteen years. I understand and acknowledge that participation in the Greenfield Community College ("GCC") course/program ("activities") listed above involves physical and possible strenuous activity, and may involve physical contact or touching with other participants and instructors and staff. Participants face inherent risks and dangers, including, but not limited to, falling, broken bones, exhaustion, cuts and bruises, pulled and torn muscles, and injuries resulting from the use of equipment including, but not limited to, weights; I voluntarily choose to participate in the activities and accept and assume the risk of bodily injury occurring while participating in them notwithstanding such risks and dangers.

I, for myself and my heirs, successors, assigns and personal representatives, hereby absolve, release and discharge the Commonwealth of Massachusetts, Gee, their employees, officers, trustees, volunteers and successors and assigns (hereinafter referred to individually or collectively as "Releases") from any blame or liability or causes of action whatever, whether based on tort, contract, express or implied, or any other theory, arising from, or on account of property damage, economic loss, personal injury or death, related to or arising from my participation in the activities and/or when traveling to and from the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releases or of other persons.

I further hereby covenant not to sue and agree to indemnify and hold harmless Releases from any liability or causes of action whatsoever arising from property damage, economic loss, personal injury or death, related to my participation in the activities and/or when traveling to and from the activities, including without limitation, any liability or causes of action based on, asserting; or caused by, the negligence of Releases or of other persons and including, without limitation, liability for loss of consortium which may be asserted by my spouse or others, and agree to pay the legal fees and expenses of Releases associated with the defense of any claims brought in Violation of this Agreement.

To extent I desire I have consulted with my physician and/or health care provider to discuss whether my participation in the activities is appropriate given my current physical and mental health. Accordingly, I represent that I am physically and mentally able, with or without accommodation, to participate in the activities; and am capable of using the equipment, if any, associated therewith. I understand and agree that the College may not provide or have medical services or personnel available at the location of the activities or on its campus. Therefore, should I require emergency medical treatment as a result of an accident or illness arising during these activities, I consent to such treatment. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in the activities, or else I am willing to assume - and bear the costs of - all risks that maybe, created, directly or indirectly, by any such condition.

This Agreement shall be governed by the laws of the Commonwealth of Massachusetts. This Agreement shall be binding on me and on my heirs, successors, assigns and personal representatives. If any provision herein is invalid or unenforceable, in whole or in part, that shall not affect the validity or enforceability of any other provision.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Printed Name _____

Participant's Signature _____

Date _____

In case of emergency contact:

Name & relationship

Phone number