



Informed Consent Form

Event _____
Destination _____
Date of Trip _____

I the undersigned individual, do hereby confirm that I have voluntarily agreed to participate in the above mentioned HCC event. As such, I assume full responsibility surrounding my participation in this event.

I hereby release and hold harmless Hagerstown Community College, its Trustees, officers, directors, faculty, and employees; participants; owners and lessees of premises and any motor transports used to conduct the event, their officers and employees from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property that I may sustain or suffer during, or arising out of, this event.

I will abide to all safety guidelines and precautions and utilize sound judgment. Should I or my legal dependent become injured during this activity, my permission is given to provide or obtain necessary medical attention.

I have read and understand this release and by signing below, confirm my agreement.

Name of Participant (Print): _____

Signature of Participant

Date

If participant is under 18 years of age:

Parent / Guardian Name (Print): _____

Signature of Parent / Guardian

Date