



**Waiver of Liability**

**Informed Consent Form**

Name of Course/Activity \_\_\_\_\_

Destination and Date of Field Trip (if applicable) \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

I do hereby agree to assume all risks and responsibilities surrounding my participation in this course/activity.

I hereby affirm by my signature that I am in good physical condition and do not suffer from any disability that would prevent or limit my voluntary participation in this course/activity.

I hereby release and hold harmless Hagerstown Community College, its Trustees, officers, directors, faculty, coaches 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, the course/activity.

Should I become injured during this activity, my permission is given to provide or obtain necessary medical attention.

I understand that it is my responsibility to obtain appropriate insurance to cover any loss or injury to person or property.

I have read and understand this release and voluntarily sign this document and participate in this course/activity.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

If participant is under 18 years of age: Parent / Guardian Name (Print)

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian