Southern Union State Community College Activity

General Release, Indemnity and Waiver of Liability

In consideration of Southern Union State Community College (SUSCC) allowing me to participate in the event/activity described below, the undersigned, for himself/herself and his/her personal representatives, assigns, heirs and next of kin, or any of them:

1. Hereby releases, waives, discharges, and indemnifies Southern Union State Community College, the Alabama Community College System and the Board of Trustees of the Alabama Community College System and their respective members, officers, employees, volunteers and agents (hereafter, “Releasees”) from and against all liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all losses or damage of any kind or nature and any claim or demand therefore on account of injury to the person or injury resulting in the death of the Undersigned or property damage, whether caused by the negligence of Releasees or otherwise, while the Undersigned is being transported to and from or while participating in the below described event/activity.
2. Hereby covenants not to sue and agrees to Save and Hold Harmless the Releasees and each of them from any and all losses, liabilities, damages, costs, actions, claims or demands of any kind and nature whatsoever which may arise out of or relate to, directly or indirectly, the Undersigned’s participation in the event/activity or while being transported to or from the event/activity, including but not limited to, embarking and disembarking any vehicle, bus, airplane or other mode of transportation whether caused by the Releasees or otherwise.

Event/Activity: **FINE ARTS CAMP**

Date: July 10-11, 2024

Location: Southern Union State Community College, 750 Roberts Street, Wadley, AL 36276

Name of Participant (Camper):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications you are currently taking and Medication Allergies (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Undersigned is fully aware of the risks and hazards associated with this event/activity and hereby voluntarily elects to participate in said event/activity with the knowledge of the danger involved. The Undersigned hereby voluntarily assumes all risk of loss, damage, injury, or death that may be sustained by the Undersigned while participating in the event/activity and while being transported to and from the event/activity.

**(continued)**

Should the Undersigned be injured while engaging in the above described event/activity or while traveling to and from the same and the Undersigned is not capable of communicating with medical providers, the Undersigned hereby grants permission to any medical provider to render any necessary treatment to them. The Undersigned hereby agrees to be responsible for the payment for all expenses related to such medical treatment.

The Undersigned expressly agrees that the foregoing, General Release, Indemnity and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS CAREFEULLY READ THIS AGREEMENT AND FULLY UNDERSTANDS ITS CONTENTS. THE UNDERSIGNED IS AWARE THAT THIS IS A RELEASE OF LIABILITY AGAINST THE RELEASEES AND SIGNS IT OF HIS/HER OWN FREE WILL.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant or Parent/Legal Guardian if

Participant is a minor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant/Parent or Legal Guardian

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Witness