

**VANCE-GRANVILLE COMMUNITY COLLEGE
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Name of the Activity or Event: Robotics Institute
Date/Dates of Activity or Event: June 24-28, 2019

I understand that I am participating in the Vance-Granville Community College Robotics Institute. I further understand that during this type of an event, as in real life, actions transpire that are beyond control and that are dangerous and life threatening. I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence, carelessness or failure to plan on the part of the persons conducting and participating in the event, 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 conditioned and able to participate in this activity or event 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 or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence 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 event. THE FOLLOWING ENTITIES OR PERSONS: Vance Granville Community College and/or their directors, officers, employees, volunteers, representatives, and agents, and all other activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons released and discharged in the above paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that all of the event holders, sponsors, planners and participants and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity acting outside of the planned events and activities, and do therefore further release all of the event holders, sponsors, planners and participants and their directors, officers, volunteers, representatives, and agents from any and all liability.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for exposure to serious injury. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and lack of hydration. I understand that these risks are inherent to participants.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Program staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand that the Program staff will notify me as soon as possible of any and all diagnoses and treatments.

I understand and consent that at this event or any related activities, I will be photographed and videotaped. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND IT'S CONTENT. I AM AWARE THAT THIS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name Age Signature (if under 18 years old, Date
Parent or guardian must also sign)

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name Age Signature of Parent or Guardian Date