

Grayson College

Office of Student Life- Student Activity Release Form

I _____, understand and agree that College-Related Activities of Grayson College involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Grayson College cannot be expected to control all of the said risks. In consideration of the benefits I will receive through my participation in the activities of Grayson College, I hereby and knowingly **RELEASE GRAYSON COLLEGE, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF NEGLIGENCE OF GRAYSON COLLEGE, ITS OFFICERS, AGENTS, VOLUNTEERS OR EMPLOYEES.**

I agree if deemed necessary by the Office of Student Life to provide a written statement from my physician stating that I am healthy and able to participate in Student Life activities or events. I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any treatment will be my responsibility.

Further, I voluntarily and knowingly agree to **HOLD HARMLESS, PROTECT, AND INDEMNIFY** Grayson College, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees, arising out of my participation in the activities of Grayson College, **REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR THE NEGLIGENCE OF GRAYSON COLLEGE, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**

Grayson College shall notify me promptly in writing of any such claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT. AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNATURE: _____ **DATE:** _____
(Participant)

If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, to protect by payment or reimbursement) Grayson College from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the course, activity, trip described above, and from negligence of the participant of Grayson College.

SIGNATURE: _____ **DATE:** _____
(Parent/Guardian)

PERSONS TO NOTIFY IN CASE OF AN EMERGENCY

Name: _____ **Telephone** _____

Name: _____ **Telephone** _____