



Contract for Waiver of Legal Rights

NOTICE: This release form is a contract with legal consequences. Please read it carefully before signing.

DATE: _____ **CLASS:** _____ **INSTRUCTOR:** _____

DESCRIPTION OF ACTIVITY: _____

I hereby waive, release, and discharge myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest, of any and all rights and claims which I may have accrued against Coconino County Community College District, its supervisors, officials, agents, officers, employees, and the suppliers of equipment, materials, and services (collectively known as CCC), for any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation or association with the class, or travel to or return from the event. I release Coconino County Community College District from liability for any and all claims of negligence I may have or assert against them individually or collectively, with the exception of willful and wanton negligence. I have read and fully understand the above statement.

BE IT KNOWN THAT I, the undersigned student, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in this event.

Student Signature	Date	
Student – Print name	Witnessed by	
Insurance Company and Policy Number	Home Phone	Secondary Phone

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PARENT OR GUARDIAN OF A MINOR:
(This section to be completed only if the Student is under 18 years of age)

I, as parent or guardian of the below named minor, a person under the age of 18 years, hereby give my permission for my child or ward to participate in this event and further agree, individually and on behalf of my child or ward, to the terms and conditions shown above for waiver of legal rights.

Additionally, I hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in this event.

Parent/Guardian Signature	Insurance Company and Policy Number	
Date	Home Phone	Secondary Phone