

EL PASO COUNTY COMMUNITY COLLEGE DISTRICT ACTIVITY RELEASE FORM

(hereinafter the “*Activity*”)

By signing this form, I represent to El Paso Community College (the “*College*”) that I am 18 years of age or older, have voluntarily applied to participate in the Activity, and have sufficient mental, emotional, and physical capability and condition to participate in the Activity. I understand that the Activity may expose me to risks or hazards that may result or proximately cause my illness, personal injury, or death and I fully understand and appreciate the nature of such hazards and risks. I further understand that the College has made no representation or warranty regarding the competency, training, or supervision of any operator of equipment used in the Activity or the quality of the technology, equipment, tools, or materials used for the Activity.

In consideration for my participation and educational benefits from the Activity, I hereby accept all risk to my health, life, and property arising from or related to the Activity. **I, along with my spouse, if any, fiduciaries, agents, representatives, estate, heirs, executors, next of kin, and assigns, hereby release and forever discharge the College, its trustees, directors, administrators, officers, employees, agents, and representatives, in their individual and official capacities, from any and all claims, demands, damages, losses, actions, causes of action, or suits for loss of or damage to my property and for any and all illness or injury to my person, including without limitation my death, arising from or related in any way to the Activity WHETHER CAUSED BY NEGLIGENCE OF THE COLLEGE, ITS TRUSTEES, DEANS, DIRECTORS, ADMINISTRATORS, OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES, IN THEIR INDIVIDUAL OR OFFICIAL CAPACITIES. I further agree to indemnify and hold harmless the College, its trustees, deans, directors, administrators, officers, employees, agents, and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission arising from or related in any way to the Activity.**

I acknowledge that nothing herein constitutes or shall be interpreted as a waiver of the College’s immunity from suit and liability.

Dated this _____ day of _____, 20____.

Signature of Student

Print Name

Student ID #