

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT – ON/OFF CAMPUS ACTIVITIES

## NORTHLAND COMMUNITY & TECHNICAL COLLEGE

| Waiver: In consideration of being permitted to participate in the (Program/Activity), I, for myself, my   |   | ntatives or assigns. <b>do</b>  |
|---|---|---|
| hereby release, waive, and discharge Northland Community & To and Universities, the State of Minnesota and their officers, emploisability for any and all claims, demands, actions, causes of action (including attorney fees) due to negligence or accidentally result death), and property loss which arise out of, result from, occur do my participation in the Program/Activity.   | echnical College, Minne<br>byees, agents, successor<br>n, judgments, damages<br>ing in personal injury or | esota State Colleges<br>es and assigns from<br>e, expenses and costs,<br>e illness (including |
| <b>Assumption of Risk</b> : Participation in the Program/Activity carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another and include but are not limited to 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death. |   |   |
| I have read the previous paragraphs and I know, understand, and appreciate these and other inherent risks. I hereby assert that my participation is voluntary and I knowingly assume all such risks.  |   |   |
| Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS Northland Community & Technical College, Minnesota State Colleges and Universities, the State of Minnesota and their officers, employees, and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees which arise out of, result from, occur during, or are connected in any manner with my participation in the Program/Activity.               |   |   |
| <b>Severability</b> : The undersigned further expressly agrees that the fois intended to be as broad and inclusive as is permitted by the Lapportion thereof is held invalid, it is agreed that the balance shall, and effect.  | ws of the State of Minne  | esota and that if any   |
| Acknowledgment of Understanding: I have read this waiver of liad agreement, fully understand its terms, and understand that I am sue. I acknowledge that I am signing the agreement freely and vo complete and unconditional release of liability to the greatest expression.   | giving up my rights, including luntarily, and intend by   | cluding my right to   |
| (Print Name)  | Star ID   | Student ID -<br>(Required)  |
| (Sign Name)   | (Date)  |   |
| Signature of parent/guardian (if student is under the age of 18)  |   |   |