

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to participate in any way in the Southwestern Community College **Dazzlers Dance Camp** held at the **SWCC Student Center Gymnasium**, EACH OF THE UNDERSIGNED hereby agrees, on behalf of myself and/or my child (if applicable):

1. The Activities associated with the Event may be dangerous and involve the risk of serious injury and/or death and/or property damage. I (and/or my child) can safely meet the physical and mental demands of the activity.
2. To release, waive, discharge, and covenant not to sue Southwestern Community College, its officers, board members, employees or agents ("Released Parties") for any and all loss or damage, and any claim or demands therefor on account of any injury to persons or property or death arising out of or related to the Event, whether caused by the negligence of the Released Parties or otherwise.
3. To assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Event whether caused by the negligence of Released Parties or otherwise, including the costs of any medical attention provided to me (and/or my child).
4. To indemnify and save and hold harmless the Released Parties and each of them from any loss, liability, damage, or cost they may incur arising out of or related to my (and/or my child's) participation in the Event, whether caused by the negligence of the Released Parties or otherwise.
5. That this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Released Parties and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event is conducted and that if any portion there is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME, AND I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature	Print Name	Date
_____	_____	_____

Important Note: Any special health needs, special diet needs, first responder and medical directions should be described below.

Participant's Name: _____

Participant's date of birth: _____

Please describe any special health needs:

Please describe any special diet needs:

Please describe any specific directions or concerns for first responders and/or medical personnel: