

Redlands Community College
WAIVER and RELEASE of LIABILITY

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the College for injuries or losses you may cause or sustain as a result of participation in a College activity.

Redlands Community College is a state educational institution. References to Redlands Community College include its Board of Regents, officers, agents, faculty, employees, volunteers, students, other clubs, organizations and visitors.

I [print your name] _____ understand that Redlands Community College is not an agent of, and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. Redlands Community College has not reviewed the qualifications of the activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

Medical Treatment Authorization

I authorize Redlands Community College to act on my behalf in any medical emergency.

Signature _____

Date _____

Despite precautions, accidents, injuries & illness can and will occur. I understand that the Activity may cause transmissions of illness, I may be injured and/or lose or damage of personal property as a result of participation in the Activity. Therefore, I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES including illness, injury death, or loss from accidents, theft of or damage to personal belongings.

**Release from Liability, Indemnification
Agreement and Covenant Not to Sue**

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE Redlands Community College from any cause of action, claim, or demand, including one related to illness, bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure Redlands Community College that I have adequate health insurance to provide for any medical needs to costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument.

I further certify that my date of birth is _____

_____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign the agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue to full legal force and effect.

Due to Covid-19 Redlands Community College recommends that while in phase 2 or phase 3 of reopening our state, all CDC guidelines are followed. Please look on page 2 & 3 for the CDC guidelines.

*****IMPORTANT*****

READ ENTIRE AGREEMENT BEFORE SIGNING

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone(s): _____

If participant under age 18:

Parent's Printed Name: _____

Parent's Signature: _____