

PARTICIPANT WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT (“RELEASE”)

Participant Name (Print Legibly):	Check a Box Below – Are You 18 Years of Age or Older?	
	Yes	No
IMPORTANT: <i>If you are under the age of 18, you must have your parent or legal guardian complete page two (2) of this Release</i>		

I desire to participate in the MLK Day of Service (“Event”) which shall occur Monday, January 16, 2017, at the Junior College District of Kansas City, Missouri aka Metropolitan Community College (“MCC”) following location: MCC-Districtwide.

In consideration of being permitted to participate in the Event, I agree, on behalf of myself, my family, my heirs, assigns, executors, administrators, and/or personal representatives, to assume all risks and responsibilities surrounding my participation in the Event. I hereby agree to forever release, defend, hold harmless, and indemnify The Junior College District of Kansas City, Missouri aka Metropolitan Community College, its trustees, officers, employees, and agents from and against any and all present or future claims, losses, liabilities, injuries to or death of any person or persons, or injuries to or losses of property, howsoever caused, that I may suffer, or for which I may be liable to any other person, persons, or institutions, during my participation in the Event and including any period in transit to or from any destination where the Event is being conducted.

I understand and acknowledge that no medical, liability, or other insurance coverage will be provided for me by MCC during my participation in the Event. I understand that I am responsible for my own medical expenses should I become ill or have an accident. Accordingly, I assume responsibility for such and release MCC as outlined herein.

I grant permission to MCC and/or Event photographers to photograph me with the understanding that MCC and/or the Event photographers have permission to use these photographs for publicity purposes, unless I provide written notice to the contrary.

I have carefully read this Release before signing it and agree this Release shall define my responsibilities relating to my participation in the Event and shall be governed by the laws of Missouri, which shall be the forum for any lawsuits filed under or incident to this Release or to my participation in the Event. No representations, statements, or inducements, either oral or written, apart from the foregoing written statement, have been made.

Participant Signature:	Date:
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Participant’s Emergency Contacts			
Name	Relationship	Day Phone	Evening Phone
	Parent / Legal Guardian		

PARTICIPANT WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT, CONTINUED

Parent/Legal Guardian's Agreement, Acknowledgement of Responsibility, Authorization for Participant's Participation in the Event, and Authorization for Emergency Medical Treatment for Participant

Participant Name (Print Legibly):	Check a Box Below – Are You 18 Years of Age or Older?	
	Yes	No

IMPORTANT: If the participant named above is under the age of 18, his or her parent or legal guardian must sign the Release below

I, the undersigned, as the parent/legal guardian of the above named participant; have read the foregoing Release, including such parts that may subject me to personal financial responsibility; agree to be legally responsible for the obligations and acts of the above named participant; and, understand and acknowledge that no medical, liability, or other insurance coverage will be provided for the above named participant by MCC during his or her participation in the Event. I understand that I will be responsible for any medical expenses of the above named participant should he or she become ill or have an accident. Accordingly, I assume responsibility for such and release MCC as outlined herein.

Further, I, the undersigned parent/legal guardian of the above named participant, hereby grant permission, in the event that I or the other listed emergency contact cannot be reached within a period deemed reasonable by medical authorities, for any licensed physician to perform any medical procedure of an emergency nature which said physician deems necessary for the health and well-being of the above named participant throughout the participant's participation in the Event.

I agree, for myself and the above named participant, to be bound by the terms and conditions of this Release.

Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian Name (Print Legibly):	

NOTE: If a participant and/or parent or legal guardian refuses to sign this Release, a written statement to that effect must be signed and dated by the participant (or parent/legal guardian, if applicable), and witnessed in writing by MCC program staff or faculty. Prior to participation, said written statement must be submitted to the program director for review.

INSTRUCTIONS

PAGE ONE

1. Complete this page, only, for participants 18 years of age and older.
2. If your event starts on an MCC campus and moves to off-campus locations, choose “Districtwide” from the pull-down menu in the “choose an item” field at the end of the 1st paragraph.

PAGE TWO

1. Along with page 1, page 2 is a parental consent form that must be completed for participants under age 18.
2. This form does not need to be notarized unless the event is not on MCC property.

General Information

1. If you have any questions regarding the proper use of this form, please contact MCC’s Chief of Staff’s office.
2. Please note: the **Travel Waiver, Release and Indemnification Agreement** form may be found at the MCC Information Exchange **Employee and Group Travel Procedures** link, under Section 9.G.
<https://web.mcckc.edu/asp/infoex/infoex.asp?tp=5&pg=7>