



## RELEASE AND HOLD HARMLESS AGREEMENT

l,	, the undersigned participant, request voluntary
participation for myself to participate in the	hereafter
referred to as the activity and beginning on	··
safety of during the activity. I consent to particip my participation may involve risk of serious injul	ke necessary supervision and precautions to ensure my ation it the activity and acknowledge that I fully understand ry or death, including losses which may result not only from so from the actions, inactions or negligence of others, the where the activity is being conducted.
I agree to use my personal medical insurance a occurs. I consent to emergency medical treatme	s a primary medical coverage payment if accident or injury ent in the event such care is required.
I understand the risks involved with participation responsibility for all risks and dangers associated	n in the activity; I hereby voluntarily and willingly assume ed with my participation in the activity.
LCC, its Trustees, its officers, directors, employ my participation in the activity and hereby releas directors, employees, students and agents of ea	y, I hereby waive all claims or causes of action against rees, students and agents of each of them, arising out of se, hold harmless, and discharge its Trustees, its officers, ach of them from all liability in connection therewith except gross negligence or willful misconduct of (LCC), its dents and agents of each of them.
significance. This waiver and release is freely a legal recourse against (LCC), its Trustees, its or	eement and understand the terms used in it and their legal nd voluntarily given with the understanding that right to fficers, directors, employees, students and agents of each ing my participation in the activity. My signature on this it also my successors, heirs, representatives,
Participant's Signature	Date
Participant's Name (Print)	
LCC Student Number	Telephone Number:
Address	
Parent or Guardian's Signature	Date
(If participant is under 18 years of age)	