NSCC OFF CAMPUS ACTIVITY LIABILITY WAIVER FORM

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT:

BY SIGNING THIS LEGAL DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY.

Trip/Activity/Location:	
	ogram:
Faculty: Ye	ar of Study: First Second
ASSUMPTION OF RISKS and ASSUMPTION OF RES	PONSIBILITY
I REALIZE THAT THERE ARE RISKS INHERENT IN MITHE RISK OF PERSONAL INJURY. I freely and volunt hazards and the possibility of personal injury, death, Coloss, or any other costs, damages, or losses arising from including resulting from the travel arrangements, attendithis trip/event.	orily accept and assume all such risks, dangers, and VID-19 or other illness, violence, property damage or or occurring during all the time of this trip/activity,
I accept my responsibility to abide by the local laws, to personal possessions, and obey all the rules set out for	
I also understand that the organized transportation will not choose to show up at the specified time, the transpond to return with the group, I must make the designated own transportation and myself. I agree to indemnify and with my own transportation home.	rtation will leave the venue without me. Should I decide monitor aware of this and I will be responsible for my
LIABILITY WAIVER and INDEMNIFICATION	
In consideration of approval to participate in this trip/act release and forever discharge NSCC, their directors, of employees for any and all actions, causes of actions, in loss or injury, resulting from or arising out of my particip	icers, faculty, staff, students, volunteers, agents, or cluding negligence, claims, and demands for damages,
I also indemnify and save harmless NSCC from any and losses whatsoever which they may bear as a result of nany and all property and any and all personal injuries, in	y participation in this event, by reason of damage to cluding death of others.
Participant (Print Name):	
Address:	Student W Number:
Telephone:Signature of Participant:	Date:
Signature of Witness:	
Please check the appropriate boxes and initial that	
Do you understand English?	Yes No Initials:
2. Do you understand the purpose of this waiver?	Yes No Initials:
3. This activity has inherent risks. Do you understand	
Are you willing to assume these risks	Yes No Initials:

IF YOU HAVE CHECKED "NO" TO ANY OF THE ABOVE, PLEASE DISCUSS THE WAIVER WITH THE FACULTY ADMINISTERING THE WAIVER.