



Return 1 week prior to travel to:
Student Engagement & Diversity Office

Student Activity and Travel Waiver Agreement

I, _____ (printed name) the undersigned, have voluntarily and freely elected to participate in an LCCC sponsored activity (*activities*) or event (*events*) and in any travel associated with same (hereinafter "activity") for the 2019-2020 LCCC academic year:

Assumption of Risk: Participation in the aforementioned activity carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries or harm. I further understand that the specific risks vary per the activity and as a participant I could sustain personal injuries, property damage, or even death as a consequence of activities associated with this activity. I understand, and acknowledge that these and other unforeseeable risks are inherent to participation in the above activity and travel in connection with this activity and I knowingly assume all such risks. I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the travel supervisor before I sign this document and before the activity begins. Furthermore, I understand and agree that I am solely responsible for my own medical expenses and any advance medical payment made by the College on my behalf during or as a result of this activity, and consent to emergency medical treatment in the event such care is required. I understand and acknowledge that LCCC is not responsible for the actions, choices, and behavior of students, notwithstanding this I agree to conduct myself in accordance with LCCC policies and procedures, including the policies and procedures which appear in the Student Handbook, and directions of authorized LCCC personnel and the person or persons charged with supervising my participation in the activity.

Participant hereby releases, waives, discharges, and covenants not to sue, LCCC, nor any of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising a result of Participant's participation in the aforementioned travel. To the fullest extent permitted by law, Participant shall indemnify, defend, and hold harmless LCCC, its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers from any and all claims, lawsuits, losses, and liability arising out of Participant's involvement in this activity. Further, LCCC does not waive its Governmental/Sovereign Immunity by executing or entering into this Agreement and specifically retains all immunities and defenses available to it as a governmental entity pursuant to Wyo. STAT. ANN. § 1-39-101 (2013), *et seq.*, and all other applicable laws.

I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Release Agreement. I am aware that by signing this Release, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Release Agreement is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my participation in the activity

Participant's signature

Date

ID#:

Participant's printed name

Cell phone

Participant's address

City/State

Zip

Parent's signature (*required for participants under 18*)

Date

Emergency Contact Information

Printed name: _____

Address: _____

Relationship: _____

Phone: Home _____ Cell _____