

ANNE ARUNDEL COMMUNITY COLLEGE

Participant CONSENT FORM

I, _____ understand and hereby consent and agree as follows:
(Printed Name)

I have been offered the opportunity to participate in a _____ at the Anne Arundel Community College under the supervision of:

(Supervisor's Name)

(School/Department)

I understand that the School/Department (and its facilities) may create potential dangers. Even under ideal conditions, my participation may involve the risk of personal injury. I understand that the School/Department, and any appropriate college personnel, has the right, at any time, to exclude me from activities believed to be inappropriate based on my level of experience. I also understand and agree that I may be removed from the tournament due to failure or inability to follow rules and perform assigned tasks as directed.

In the event that I suffer an injury while participating, which requires care and treatment, I assume the cost of such care and treatment, if any.

I agree to follow all college rules and procedures and the instructions of my supervisor at all times while acting in the course of my participation at the college.

In consideration of my opportunity to participate in the tournament at the college, I hereby indemnify, release, and hold harmless the Anne Arundel Community College Board of Trustees, and the faculty, employees and agents of the College, from any and all claims, liabilities, suits, injuries, and damages of any kind relating to or arising from the performance of my volunteer duties at Anne Arundel Community College.

Participant:

(Signature)

(Date)

(Emergency Contact Name)

(Printed Name)

(Emergency Contact Phone)

(Street Address)

(City, State, Zip Code)