SAUK VALLEY COMMUNITY COLLEGE WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS

As a participant in the ______ (Event), I recognize and acknowledge that as a student of Sauk Valley Community College, Dixon, Illinois (College) I have read and understand the Code of Student Conduct and Disciplinary Procedures as outlined in the Student Handbook and will adhere to the same while traveling in any College transportation to or from this Event and while participating in this Event.

I also recognize and acknowledge that there are risks of physical injury while traveling and participating in this Event. I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of traveling and participating in any and all activities connected with or associated with this Event.

I understand that Sauk Valley Community College does not carry medical insurance for injuries sustained by participants. Therefore, each person registering for the Event should review their own health insurance policy for coverage. I further understand that the absence of health insurance coverage does not make Sauk Valley Community College responsible for payment of medical expenses.

I do hereby waive, release and relinquish all claims against Sauk Valley Community College and its directors, officers, trustees, agents, servants and employees as a result of traveling and participating in any and all activities connected with or associated with this Event.

I have read and fully understand the aforementioned Waiver and Release of All Claims, and declare that all information supplied by me is accurate and current to the best of my knowledge.

Participant's name	
Address	

Participant's Signature

The undersigned parent of the Sauk Valley Community College student stated above will hold Sauk Valley Community College, its officers, trustees, agents and servants wholly harmless from any claim of injury or damage to the student arising out of this Event.

Parent's Signature (if minor)

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