



## Raritan Valley Community College Assumption of Risk and Release Agreement

1. Name of Participant: \_\_\_\_\_
2. Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*(If applicant is under 18 years of age, a parent or legal guardian must also read and sign this form)*
3. Permanent Address: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Name/Description of Course/Activity in which you are participating:  
\_\_\_\_\_  
\_\_\_\_\_
6. Date of Course/Activity: \_\_\_\_\_

### 7. Acknowledgement

I understand and acknowledge that despite the most careful planning, review of instructions, and supervision, that serious injuries, property damage or personal economic loss may occur during, or as a result of, my participation in the activity indicated in number 5 above. I confirm that my own physical condition and the impact of any medications that I may be taking will not pose a personal risk to my participation in this activity.

### 8. Acceptance of Risk and Release

I agree to assume all risks and responsibilities surrounding my participation in the program/activity identified in paragraph number 5 above except for those events or conditions which are the responsibility of RVCC. Both I and RVCC will hold the other harmless from damages, costs or liabilities caused by our own actions, omissions or negligence. Both I and RVCC are responsible to comply with any laws or regulations which govern the performance of our services or other duties connected with my participation in the program/activity identified in paragraph number 5 above.

### 9. Other

I represent that my consent to the provisions herein is wholly voluntary. I agree that any dispute requiring adjudication in court of law would be determined by the laws of the State of New Jersey.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (participant under 18) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Please give completed form to event coordinator prior to event participation**