

Waiver of Liability, Indemnification, and Medical Release FORM ST 2

I voluntarily agree to participate in activities sponsored by Hennepin Technical College

Department/Program/Group ("College"):

Risks associated with my participation in activities include, but are not limited to, loss of or damage to personal property, bodily injury, or even death. All such risks are known, understood, and assumed by me.

In consideration of the College's agreement to permit me to participate in this activity, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. I agree to abide by the safety rules and regulations as set by club advisor. Failure to do so will disqualify me from participation.
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the College, the State of Minnesota, and its employees, agents, officers, trustees and representatives (in their official and individual capacities) ("Releases") from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the field trip whether caused by the negligence of the Releases or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releases
3. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys' fees, which arise out of, occur during, or are in any way connected with my participation in the field trip.
4. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident or illness during this activity or event.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification and waiver to the maximum extent permissible under applicable law.

In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, or have parent/guardian permission, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Print Student's Name:

Student Signature:

Date:

Parent/Guardian Signature (if student is under age 18):

Date: