

Merced College Community Services Activity Participant Waiver

(Valid January thru December 2017)

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Activity: _____

Emergency Contact:

Name: _____ Phone: _____

By signing the below form I hereby agree to participate in Merced College Community Services activities at Merced College. I acknowledge that I am in good health and able to safely engage in this activity. To the fullest extent permitted by law, I hold harmless Merced College and its agents, members and employees from claims, demands, causes of actions and liability of every kind and nature whatsoever arising out of or in connection with this event. This indemnification shall extend to claims occurring after this event is terminated as well as while the activity is occurring. The indemnity shall apply regardless of any active and/or passive negligent act of omission of Merced College or its agents, members, employees or volunteers. The indemnity set forth in this agreement shall not be limited by insurance requirements or by any other provision of any other agreements between the participant and Merced College. This agreement shall remain in full force until cancelled in writing or completion of the activity.

_____ I **grant** permission to use my image

_____ I **deny** permission to use my image

Signature

Date