

LIABILITY WAIVER FORM



PLEASE PRINT OR TYPE. This form must be returned to the Academic Division Office or the Office of Student Life three (3) business days before the event.

Event: _____

Sponsoring Department/Student Organization: _____

Date and Location of Event: _____

The undersigned, being over the age of 18 years, hereby acknowledges that there are certain risks in participating in the above event and/or activity. In consideration of Collin County Community College District (CCCCD) allowing me to participate in the above event and/or activity, I hereby assume all risks associated with the event and/or activity and with the travel related hereto. I assume full and complete responsibility for any injury or accident which may occur to me or the vehicle in which I am driving or riding in connection with the event and/or activity. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature, that I may have against CCCCC, its Board of Trustees, employees, agents and representatives, resulting in whole or in part, from participation in the event and/or activity. This release and waiver shall be binding on my heirs, administrators, and assigns.

I also agree that during the time I am involved with the above event and/or activity, I am bound by all rules, regulations, policies, procedures and guidelines governing me and my conduct as set forth by the CCCCC department/registered student organization, in the Student Code of Conduct (found in the current CCCCC Student Handbook), and in the current CCCCC Student Organization Procedures Manual (SOPM).

Participants Signature: _____ Date: _____

Full Name: _____

Address: _____

City/State/Zip Code: _____

Day Phone: _____ Evening Phone: _____

If the participant is under the age of 18 years, his/her parent or guardian must read and sign below.

The undersigned, Parent or Guardian of _____, (Student) being under the age of 18 years, hereby acknowledges that there are certain risks in participating in the above event and/or activity. In consideration of Collin County Community College District (CCCCD) allowing the student to participate in the above event and/or activity, I hereby assume all risks associated with the event and/or activity and with the travel related hereto. I assume full and complete responsibility for any injury or accident which may occur to the student or the vehicle in which the student is driving or riding in connection with the event and/or activity. I knowingly and intentionally hereby release and waive any and all claims, of whatsoever kind or nature, that I or the student may have against CCCCC, its Board of Trustees, employees, agents and representatives, resulting in whole or in part, from participation in the event and/or activity. This release and waiver shall be binding on my heirs, administrators, and assigns.

I also agree that during the time the student is involved with the above event and/or activity, the student is bound by all rules, regulations, policies, procedures and guidelines governing the student and their conduct as set forth by the CCCCC department/registered student organization, in the Student Code of Conduct (found in the current CCCCC Student Handbook), and in the current CCCCC Student Organization Procedures Manual (SOPM).

Parent's/Guardian's Name: _____

Signature: _____ Date: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name: _____

Address: _____

City/State/Zip Code: _____

Day Phone: _____ Evening Phone: _____ Cellular Phone: _____

Texas House Bill 1922 (77R): With few exceptions, state law gives you the following rights regarding the information collected by the CCCCC about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.