

**Clatsop Community College Fitness:  
Liability Release Form (Adult 18+)**

*(Please print)*

Minor Participant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Name(s) and Number(s): \_\_\_\_\_

Activity: Use of Patriot Hall facilities for physical activity

Clatsop Community College (College) requests anyone participating in the Activity to sign and have parents/guardians sign, if applicable, the following Liability Release Form and return it to the College. The Activity is not sponsored by the College.

The facilities, equipment, and exercise programs utilized by the College have been designed and instituted to provide exercise benefits and enjoyment without compromising the health and safety of participants. In physical fitness programs, certain dangers and conditions may occur, including but not limited to, muscle and joint injury, strains, sprains, bruises, hernias, and other injuries. These include injuries inflicted by the following: all manner of injury resulting from falling and impacting the floor or wall, failure of exercise equipment, injuries caused through inappropriate technique or overuse, injury resulting from increased heart rate, blood pressure and strenuous physical activity, which may include shortness of breath, lightheadedness, or death. I understand that participation in this Activity will expose me to risks of injuries and that I will be engaging in Activity without class supervision. Some of these risks are foreseeable, but some are unforeseeable. Examples of risks include physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Also, some of these risks cannot be eliminated due to the nature of the activities. I understand that these risks could cause harm to me, my property, and harm to other persons.

I recognize that my participation is not required by the College. I recognize the dangers inherent in the Activities, but I am willing to participate in the Activity. As consideration for my right to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the College and release it from liability, up to and including claims for any negligent actions of the College or its employees or agents, to the fullest extent allowed by law, for myself, my estate, my heirs, my administrators, executors, assignees, and successors. I also agree to release, exonerate, discharge and Hold Harmless the College, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to me, my property, or losses of any kind which may result from or in connection with my participation in the Activity, up to and including injuries stemming from the negligent actions of the College or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties.**

**I, the undersigned, acknowledge that it is my responsibility to procure or otherwise obtain accident and medical insurance coverage for my participation in this Activity.**

**I further acknowledge that I am responsible for following the rules and regulations of the College found on the Patriot Hall webpage [www.clatsopcc.edu/patriothall](http://www.clatsopcc.edu/patriothall) with regard to participation in the Activity.** I acknowledge that if I fail to follow the College's rules, I may lose my right to participate in the Activity and may forfeit any fees paid to participate in the Activity.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

**I certify that I have read this document and fully understand its contents.** I freely and voluntarily assume all risks of participation in this Activity on my behalf.

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

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