

ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS CUYAHOGA COMMUNITY COLLEGE DISTRICT AND ITS EMPLOYEES, AGENTS AND REPRESENTATIVES

Cuyahoga Community College Western Campus (herein training facility)

in making available its or other selected facilities, training ground, equipment and its staff, to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds or equipment.

In consideration for my participation in this program, I agree to assume all risk associated with the program and to hold Cuyahoga Community College District and its employees, agents and representatives harmless from all liability that may result from my participation in the program including, but not limited to, any claims, demands or suits of any nature, kind or description whatsoever, including costs and expenses; for or on account of any loss or damage to property owned or possessed by me or by any student or other invitee; or any death or injury that may result from any cause, including, but not limited to, the condition and operation of training facility, facilities, training grounds and equipment, or the condition and operation of any other selected facilities, training grounds and equipment and the acts or omissions of members of their staff.

I also agree to indemnify and hold harmless the instructors, who are independent contractors with the state, in their personal and representative capacity from suit of any nature, kind or description whatsoever, including costs and expenses for or on account of any loss or damage to property owned or possessed by me or by any student or other invitee or any death or injury that may result from my participation in this program.

I also authorize the College to seek emergency medical assistance on my behalf, as necessary, and agree to pay for any and all medical expenses incurred on my behalf.

Student or Invitee Signature

Date

To Be Completed by Student or Invitee (Please Print) Asterisk indicates required field.

***Name**

Fire Department (if applicable)

***Street Address**

Apt. No.

City

State

Zip Code

***Last Four Digits of SSN**

(____)_____
***Preferred Phone Number**

Chief Signature (if applicable)

***Date**