

CONSENT FORM AND WAIVER OF LIABILITY

TO: Central College, Pella, Iowa

Participant _____

Street Address _____

City _____ State _____ Telephone _____

Emergency Contact Name _____

Contact Address _____ Telephone _____

Activity or Activities _____

I, the undersigned participant, agree to indemnify and hold harmless Central College and any of its agents, employees, or representatives for any injury or loss suffered by me due to my participation in the activity or activities specified above (hereinafter collectively referred to as "activity"). I hereby agree that I have been fully advised of the nature and extent of the activity that may take place and represent to you that I am physically and mentally able to participate in the activity without special accommodations or additional supervision.

I understand that the activity may present the risk of injury, or even death, to me, and I have been fully advised of those possibilities. I represent to you that I fully assume the risk of any such injury or death, and I hold you, your agents, employees, and representatives harmless from any liability or death to me while engaged in this activity that is caused or contributed to by my conduct or the conduct of any other participants. I further agree to indemnify and defend you, your agents, employees, and representatives against any claim or liability asserted for any such injury or death.

I also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of myself or the other participants in the activity and I agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

If I am not able to be consulted for any reason in the case of an emergency or necessity arising during the course of the activity or as a result of the activity, I authorize you to contact the emergency contact person or persons listed above and to arrange for such medical and hospital treatment as you may deem to be advisable for my health and well being.

Participant's Signature _____ Date _____

Parent/Guardian Consent _____ Date _____

(to be used if participant is a minor or under any legal disability requiring consent of another)

NOTE: By signing above, the Parent/Guardian ratifies and consents to all terms specified herein.

Special Medical Needs _____
