

Date

## Henry Ford College Assumption of Risk, Waiver, and Release from Liability

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Participant Name:			
In consideration for being allowed to participate in: Henry Ford College ("College"), I agree as follows:			through
WAIVER OF LIABILITY, ASSUMPTION OF RISK AND class/activity carries with it certain inherent risks that carrisks vary from one activity to another, including: minor injury or loss of sight, joint or back injuries, heart attacks injuries may be caused by my actions and/or the actions to, injuries caused while operating or maintaining motor tools, machinery and equipment; hazards associated with	nnot be elimina injuries such as s, and concussi s of others and vehicles; moto	ted regardless of the care taken to avoid inju- scratches, bruises, and sprains; major injuri- ons; and catastrophic injuries including paral may arise from many different causes includ r vehicle collisions and fires; accidents assoc	rries. The specific es such as eye ysis and death. ing but not limited
I have read the previous paragraph and I know, understain which I wish to participate. I hereby assert that my pa			
<b>WAIVER</b> : To the maximum extent permitted by law, I for to sue, and release, waive, and discharge from liability be students and volunteers from any and all claims including linesses (including death), and property loss arising from facilities, premises, or equipment.	Henry Ford Colling the negligen	ege, its elected and appointed officials, employe of the College resulting in personal injury,	loyees, agents, accidents or
INDEMNIFICATION AND HOLD HARMLESS: I agree to officials, employees, agents, students and volunteers fround liabilities, including attorneys' fees, arising or resultiexpense incurred.	om any and all	claims, actions, suits, procedures, costs, exp	enses, damages
CONSENT FOR EMERGENCY TREATMENT: I consert the College and its facilities where I am unable to conse			are related use of
INSURANCE: I understand that I am solely responsible College, its facilities and equipment or related to my par medical physical examination and purchase health insur	ticipation in this	s activity. I understand that I am strongly end	couraged to have a
SEVERABILITY: The undersigned further expressly agrouped as broad and inclusive as is permitted by the law of the balance shall, notwithstanding, continue in full legal	he State of Mic	higan and that if any portion hereof is held in	
<b>POLICIES:</b> I have received a copy of and agree to abid privilege to use the College, its facilities and equipment.		e policies. Failure to do so may result in a su	spension of my
<b>JURISDICTION.</b> This Assumption of Risk, Waiver, and of Michigan. The parties agree to use the State of Michigetween the parties related to this Assumption of Risk, \	igan for Jurisdi	ction and the County of Wayne as Venue for	
SEVERABILITY. If any term or provision of this Assumption of Risk, Waiver, and Release from Liability is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Assumption of Risk, Waiver, and Release from Liability, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.			
ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this Waiver of Liability, Assumption of Risk, and Indemnity  Agreement and fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.			
PARTICIPANT SIGNATURE	OR	GUARDIAN/PARENT SIGNATURE	

Date