

SALT LAKE COMMUNITY COLLEGE

Camp Tuttle

Waiver of Liability and Assumption of Risk

(Please read the following carefully before signing. This is a release of liability and a waiver of certain of your legal rights.)

I, [*Participant Name, please print*] _____ understand that participation in and attendance at Camp Tuttle is a voluntary activity sponsored by the American Sign Language Department at SLCC. Attendance at and participation in the Camp or any of its activities is not required by any class or as part of any curriculum and will not affect my grades.

Further, I understand that a variety of individual and/or team activities involving physical exertion are a part of this Camp. I understand and acknowledge that I am solely responsible for determining my own physical abilities and limiting myself to activities within those abilities.

I understand that some physical activities are inherently risky and that there is a risk of physical injury (such as slip and fall, sprain, strain, broken bone, or injury to head, neck, back, or spine), associated with such activities. I understand and acknowledge that I am performing these activities of my own choice and that I am solely responsible for my safety and for any injury which may occur as a result of my participation in activities at the Camp.

I understand and acknowledge that travel both to and from Camp Tuttle is not the responsibility of SLCC and that SLCC does not assume liability for any travel-related liability or injury.

I agree to assume any and all risk and responsibility for any accident or incident, and agree to release and hold SLCC harmless from any liability for any injury or damage to myself or my property, or which I may cause to the person or property of another, occurring while I am participating in the Camp Tuttle activities, whether resulting from negligence or some other cause.

By signing below, I affirm that I have carefully read this waiver and fully understand that by signing this document I waive certain legal rights, which may prevent me or other persons from recovering in any lawsuit or in connection with any other legal claim, and that this document is binding upon me, my heirs, assigns, and legal representatives.

(Participant Signature)

(S Number)

(Date)

(Witness Signature)

(Witness Name, print)

(Date)