KNOX COLLEGE TRAVEL WAIVER

RELEASE AND WAIVER OF LIABILTITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I,("Pa	articipant"), hereby acknowledge that I have voluntarily elected to participate in
(Print Name)	
The	("Program"), to be held in and around
(Insert name of	f program)
	, from <u>.</u>
In consideration for being permitted by Knox C agree to the following:	College "COLLEGE" to participate in the Program, I hereby acknowledge and
ELECTIVE PARTICIPATION: I acknowledge that	my participation is elective and voluntary.
College Student Handbook. I understand that during acknowledge that the COLLEGE has the right to te	act myself in accordance with COLLEGE policies and procedures, including the Knox ng a College sponsored event, all policies are in effect for the duration of the event. I erminate my participation in the Program if it is determined that my conduct is conduct violates any rule of the Program, or for any other reason in the COLLEGE's
understand that as a Participant in the Program, I personal injuries, illness, property damage, or eve reasonably foreseeable at this time. I further under may sustain by any means is my sole responsibility.	K: I have been informed of and I understand the various aspects of the Program. I may engage in physical activities and travel during which I could sustain serious in death and I understand that there may be other risks not known to me or not irstand and agree that any injury, illness, property damage, disability, or death that I by. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH ROM THE SOLE OR PARTIAL NEGLIGENCE OR FAULT OF RELEASEES, and e Program.
and assigns, HEREBY RELEASE , WAIVE , DISC I directors, officers, employees, agents, volunteers, including any and all claims, demands, causes of attorneys' fees), arising from any injury, property of REGARDLESS OF WHETHER THE INJURY , DA	ehalf of myself, my personal representatives, heirs, executors, administrators, agents, HARGE, AND COVENANT NOT TO SUE the COLLEGE, its governing board, and any students (hereinafter referred to as "Releasees") for any and all liability, action (known or unknown), suits, or judgments of any and every kind (including damage or death that I may suffer as a result of my participation in the Program, MAGE OR DEATH IS CAUSED BY THE NEGLIGENCE OR FAULT OF THE UPON, OR IN TRANSIT TO OR FROM THE PREMISES WHERE THE PROGRAM, RS OR IS BEING CONDUCTED.
harmless, defend and indemnify the Releasees fro (known or unknown), suits, or judgments of any ar	representatives, heirs, executors, administrators, agents, and assigns, agree to hold om any and all liability, including any and all claims, demands, causes of action and every kind (including attorneys' fees), arising from any injury, property damage or ion in the Program, REGARDLESS OF WHETHER THE INJURY, DAMAGE OR FAULT OF THE RELEASEES OR OTHERWISE.
RELEASE AND WAIVER OF LIABILITY, AN ASSUNDERSTAND I HAVE GIVEN UP SUBSTANTIA VOLUNTAILY WITHOUT ANY INDUCEMENT. BY	UNDERSTAND ITS TERMS. I AM AWARE THAT THIS AGREEMENT INCLUDES A SUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES. I AL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND Y MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF OW THE SIGNATURE OF MY PARENT OR GUARDIAN AS WELL AS MY OWN.
Signature of Participant	Date
Signature of Parent/Guardian for Participants ι	under eighteen (18) years of age:
AND FULLY UNDERSTAND ITS TERMS. I AM A	the legal guardian of Participant by court order. I HAVE READ THIS AGREMENT WARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF N AGREEMENT TO INDEMNIFY THE RELEASEES. I join with Participant in granting e.
Signature of Parent or Guardian	Date