



101 Community College Way
 Johnstown, PA 15904
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 www.pennhighlands.edu

RELEASE FORM FOR PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

ACTIVITY _____ **LOCATION** _____ **DATE** _____

SPONSOR:

_____ **Pennsylvania Highlands Student Senate**

_____ **Pennsylvania Highlands Club**

_____ **Other**

I understand and agree that Pennsylvania Highlands Community College is not responsible for any bodily injury or property damage that I may incur, and will not pay any medical bills or other costs or damages related to any incident occurring as a result of my participation in the above activities and/or use of Pennsylvania Highlands Community College's facilities, equipment, and premises. I further agree not to sue Pennsylvania Highlands in connection with these activities.

I agree to indemnify, defend, protect, and hold harmless Pennsylvania Highlands Community College, its officers, directors, employees, agents, attorneys, successors, and assigns, from and against any and all losses, costs (including, without limitation, litigation costs and attorneys fees), claims, lawsuits, actions, damages, liabilities, and expenses, in connection with loss of life, bodily injury, personal injury, or property damage, resulting wholly or in part from my participation in the above activities and/or use of Pennsylvania Highlands Community College's facilities, equipment, and premises.

I understand and agree to follow all rules of conduct as outlined in the Student Handbook and any safety rules imposed by the Pennsylvania Highlands Community College.

I understand and agree that, if rules imposed by Pennsylvania Highlands Community College are not followed, that Pennsylvania Highlands Community College may revoke its permission to participate in future activities or to use its facilities, and that disciplinary action may be taken.

I attest that I am physically fit to participate in physical activities and that my medical condition to do so has been verified by a licensed physician.

I have read the above conditions and accept them as shown by my signature, and my intent to be legally bound.

 Printed name

 Signature

 Date Signed

If for minor child,

 Printed name of parent of legal guardian

 Signature of parent or legal guardian

 Date Signed

 Printed Name of Minor Child