South Arkansas Community College

Waiver of Liability and Information Form

(Please Print Clearly)

Last Name First Name M.I.

Address City/State/Zip

Cell Phone Emergency Contact Name & Number

Activity Dates of Participation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that I will not hold responsible South Arkansas Community College (SouthArk) for any injuries or damages that I may incur during my participation in activities on the SouthArk campus or designated locations of activities. I agree that SouthArk will not be responsible for the injuries or damage of any adult, minor, or spectator that chooses to participate in or watch in the activities that take place during my visit. I agree that I will hold blameless any South Arkansas Community College faculty, staff, student, or other SouthArk personnel for any injuries that may incur during my participation in activities at SouthArk. I herby give my consent for emergency medical treatment that I (or my child if under 18) may require as a result of my (his/her) participation in activities at SouthArk. I agree that I will not hold responsible South Arkansas Community College for any lost, stolen, or damaged personal property. I understand that any pictures or videos that are taken during my participation may be used by SouthArk. I understand there is no compensation to any participant or spectator. By signing below, I hereby acknowledge that this document was signed freely and voluntarily with a full understanding of the nature and meaning of this waiver and release given herein.

Participants Signature

Parents/Guardian Signature (under 18)

Date and Time: