

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

*This form must be submitted when FVCC provides transportation to a college-related event.
Completed forms must be submitted to the trip supervisor's supervisor prior to the trip.*

Event: _____ FVCC Employee Trip Supervisor: _____

Location: _____ Date: _____

In consideration of my participation in this college activity, I acknowledge, agree to and understand that:

1. FVCC is providing transportation to and from the above mentioned Event.
2. FVCC does not provide insurance for me.
3. I understand that during my participation in this Event, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in traveling to, or participating in, an Event. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death ("Injuries and Damages") from exposure to the hazards of travel. I know that Injuries and Damages can occur by natural causes or activities of other persons, either as a result of negligence or because of other reasons.
4. I understand that risks of such Injuries and Damages are involved in my travel to the Event, and, to the fullest extent allowed by law, I agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY, FVCC, its officers, trustees, employees, agents, and volunteers from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by negligence of FVCC, its officers, trustees, employees, agents, and volunteers, in any way connected with this Event. I further agree to HOLD HARMLESS, INDEMNIFY AND DEFEND FVCC, its officers, trustees, employees, agents, and volunteers from any claims, damages, injuries or losses caused by my own negligence while a participant in the Event. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns.

I have read this agreement and fully understand its terms. I am aware this agreement includes a release and waiver of liability, an assumption of risk, and an agreement to indemnify FVCC, and that by signing this Accident Waiver and Release of Liability, I voluntarily surrender certain legal rights.

Participant's Name: _____ Phone Number: _____

Participant's Signature: _____ Date: _____

In case of emergency, please contact _____

Relationship: _____

Daytime telephone: _____ Nighttime telephone: _____