

**EVENT
PARTICIPANT WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT (“RELEASE”)**

Participant Name (Print): _____	Check a Box Below – Are You 18 Years of Age or Older?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I desire to participate in the _____ (“Event”) which shall occur _____ (“Date”) at the Junior College District of Kansas City, Missouri aka Metropolitan Community College (“MCC”) following location: _____

In consideration of being permitted to participate in the Event, I agree, on behalf of myself, my family, my heirs, assigns, executors, administrators, and/or personal representatives, to assume all risks and responsibilities surrounding my participation in the Event. I hereby agree to forever release, defend, hold harmless, and indemnify The Junior College District of Kansas City, Missouri aka Metropolitan Community College, its trustees, officers, employees, and agents from and against any and all present or future claims, losses, liabilities, injuries to or death of any person or persons, or injuries to or losses of property, howsoever caused, that I may suffer, or for which I may be liable to any other person, persons, or institutions, during my participation in the Event and including any period in transit to or from any destination where the Event is being conducted.

I understand and acknowledge that no medical, liability, or other insurance coverage will be provided for me by MCC during my participation in the Event. I understand that I am responsible for my own medical expenses should I become ill or have an accident. Accordingly, I assume responsibility for such and release MCC as outlined herein.

I grant permission to MCC and/or Event photographers, videographers or audio recorders to capture my image with the understanding that MCC and/or the Event photographers have permission to use these photographs for publicity purposes.

I have carefully read this Release before signing it and agree this Release shall define my responsibilities relating to my participation in the Event and shall be governed by the laws of Missouri, which shall be the forum for any lawsuits filed under or incident to this Release or to my participation in the Event. No representations, statements, or inducements, either oral or written, apart from the foregoing written statement, have been made.

Participant Name (print): _____	Date: _____
Participant Signature: _____	
Parent/Legal Guardian Name (print): _____	Date: _____
Parent/Legal Guardian Signature: _____	

Participant’s Emergency Contacts			
Name	Relationship	Day Phone	Evening Phone

Event Registration:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Student ID# _____ Campus: _____ Age: _____

Event you are registering for: _____ Date: _____ Time: _____

For Team Events:

Please Mark one below:

I am an individual registrant wanting to be placed on a team

I am on a team

Name of team: _____

What type of activity are you interested in for the upcoming schedule: **(Please check all boxes that apply to you)**

Individual Sports	Team Sports	Individual E-Games	Team E-Games	Recreation Activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list some specific activities you would like to see offered: _____
