

Middlesex Community College
Release and Indemnity Agreement

IMPORTANT NOTE for Each Person Who Completes This Form: Please forward the completed form to the coordinator of the event as soon as possible. Completed forms must be on file with the coordinator prior to the event. Please make every effort to hand-deliver, mail or fax your form to the coordinator. This policy is in place for your safety and protection and for College liability reasons.

IMPORTANT NOTE to the Coordinator of the Trip: All *Release and Indemnity Agreements* forms must be submitted to Nancy Walter, MxCC, Founders Hall, prior to the event.

In consideration of participation in (Name of Event): MxCC Soccer Club - Pick-up Game – Soccer Training Clinic

at Middlesex Community College on (Date of Event): Fall 2014 Semester: Monday-Tuesday–Thursday - 2:00PM 3:30PM

Student ID @ _____ **Email:** _____

I, (Legibly Print name of Participant): _____

the undersigned, do hereby, for myself, heirs, executors, administrators, and assigns, remiss, waive, release, and forever discharge the State of Connecticut; Middlesex Community College, its successors and assigns, its Board of Regents, officers, members and agents and their heirs, executors, administrators, from any and all manner of action and actions, damages, claims, and demands whatsoever in law, or in equity, which I now have or may acquire by reason of injury, death, or loss of or damage to property, of said undersigned arising out of or connected with participation in said activity. I do further hereby agree to indemnify and hold harmless the State of Connecticut; Middlesex Community College, and its Board of Regents, officers, members, agents, and their heirs, executors, administrators, and assigns, from all of the liabilities described above, arising out of, or connected with, participation in said activity. I also understand that any activity involves some element of risk for which the College is not responsible.

I intend to be legally bound by the above release, and understand its anticipatory nature.

IN WITNESS THEREOF,

I have hereunto affixed my signature (Participant Signature): _____

on (Today's Date): _____ **My cell number is:** _____

Emergency Contact Person Name: _____ **Phone:** _____

Signed: _____ on _____.
(Authorized MxCC Employee/Representative) (Date)