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**CHIPPEWA VALLEY TECHNICAL COLLEGE**

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ACKNOWLEDGEMENT OF RISKS  
ACCEPTANCE OF RESPONSIBILITY  
WAIVER OF LIABILITY and HOLD HARMLESS AGREEMENT

**PLEASE READ CAREFULLY:**

I fully understand and hereby assume any risks and responsibilities that may be associated with my voluntarily participating in the following Chippewa Valley Technical College ("CVTC") course/club activity:

\_\_\_\_\_. I fully understand that my participation in this activity could result in injury not limited to bodily injury, strain, sprain, or other type of serious injury. In recognition of the inherent risks involved, I confirm that I am physically and mentally capable of participating in this activity; and I participate willingly and voluntarily and assume full and complete responsibility for any personal injury or loss that may occur as a result of any accident or incident that may occur.

I specifically understand that I, my personal representatives and my heirs are releasing, discharging and waiving any claims, actions or losses for bodily injury, property damage, loss of services or otherwise that I may have at the present time or in the future, for any negligent acts or other conduct by CVTC, its Board of Directors, employees, or representatives.

I have read the above Acknowledgement of Risks/Acceptance of Responsibility and by signing this Waiver of Liability and Hold Harmless Agreement I agree to release CVTC, its Board of Directors, employees, or representatives from any liability for any personal injury, or other loss that may be alleged to have been caused by my voluntary participation in the above activity.

In signing this Waiver and Agreement, I acknowledge and represent that I have fully informed myself of the content of the foregoing Acknowledgement of Risks and Acceptance of Responsibility by reading it before I sign it; and I understand that I sign this document as my own free act and deed with no oral representations, statements, or inducements, apart from the foregoing written statement, having been made. I understand that CVTC does not require me to participate in this activity; but I want to do so, despite the possible dangers and risks and despite the Waiver and Agreement. I further state that I am at least eighteen (18) years of age and fully competent to sign this Waiver and Agreement; and that I execute this Waiver and Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be incurred as a result of injury to me.

NAME OF STUDENT (Print): \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF WITNESS (Print): \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_