

# RELEASE OF LIABILITY

Name of Program: \_\_\_\_\_

Name of Participant: \_\_\_\_\_  
(print or type)

In consideration of Participant being permitted to participate in the Macomb Community College Program(s) named above, I, Participant hereby release, discharge and covenant not to sue Macomb Community College, its trustees, officers, agents and employees from all liability for any and all claims, damages, costs or causes of action I have or may in the future have as a result of injuries (including death) or damage to property sustained or incurred by Participant while in any way participating in the above Program(s).

**By signing this Release, I certify that I have read the Release and understand its terms.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Name of Parent/Guardian  
(if Participant is under 18 years of age)

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature  
(if Participant is under 18 years of age)