

Waiver and Release of Liability

Temple College, Temple Texas

SkillsUSA 2019

Participant: (Name, Date of Birth, Address)



I, the above named participant, am 18 years of age or older and have voluntarily applied to participate in the SkillsUSA 2019 events. I acknowledge that the nature of the event may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation permitted in the SkillsUSA 2019 events, I hereby accept all risk to my health and of my injury or death that may result from such participation.

I hereby release Temple College, its governing board, officers, employees and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the SkillsUSA 2019 events, whether caused by negligence of Temple College, its governing board, officers, employees, or representatives, or otherwise.

I further agree to indemnify and hold harmless the above-named Temple College, its governing board, officers, employees and representatives, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the SkillsUSA 2019 events.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE OF LIABILITY AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURES WHILE PARTICIPATING IN THE DESCRIBED SKILLSUSA 2019 EVENTS AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGES TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Printed Name of Participant

Signature of Participant

Date

Witness

Date