Return 1 week prior to travel to:

Office of Vice President for Services Services
Kim Byrd, GW412
307-268-2210

RELEASE AND INDEMNIFICATION AGREEMENT – Adult

PARTICIPANT: _____Student ID#: _____
Name (Last, First – please print or type)

Address _____
(Street or PO Box, City, State, Zip)

Purpose of Activity or Travel_____

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Travel. I acknowledge that the nature of the activity or trip may expose me to hazards or risks that may result in my illness, personal injury or death and I represent and attest that I have duly considered and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Travel, I hereby for myself, and my heirs, successors, and assigns, release, acquit, and accept all risk to my health, injury or death that may result from such participation and I hereby release Casper College, its governing board, officers, employees, agents and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of 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 activity or travel, whether caused by negligence of Casper College, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Casper College and its governing board, officers, employees, agents and representatives 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 described activity or travel.

I REPRESENT THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAMGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRAVEL AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

_____ Date Signed: _____
Signature of Participant

_____ Date Signed: _____
Signature of Witness

_____
Printed Name of Witness