

LARAMIE COUNTY COMMUNITY COLLEGE
CAMPUS ACTIVITY LIABILITY WAIVER

In consideration of Laramie County Community College granting permission to participate in the **American Legion Auxiliary Wyoming Girls State**, I hereby assume all risks of personal injury that may result from this certain activity and agree as follows:

Assumption of Risk: Participation in the aforementioned campus activity carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to: 1) minor injuries such as but not limited to, scratches, bruises, and sprains; 2) major injuries such as but not limited to eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including but not limited to paralysis and death. **I understand, and acknowledge that these and other unforeseeable risks are inherent to participation in the above activity. I hereby assert that my participation is voluntary and I knowingly assume all such risks.** Furthermore, I understand that I will be responsible for any medical or other charges in connection with this activity.

Participant hereby releases, waives, discharges, and covenants not to sue, LCCC, nor any of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising in as a result of Participant's participation in the aforementioned campus activity. I further acknowledge that the Wyoming Recreation Safety Act, WYO. STAT. ANN. § 1-1-121 (2012) et seq., and WYO. STAT. ANN. § 1-1-109 (2012) applies irrespective of the age of the person assuming the risk. To the fullest extent permitted by law, Participant shall indemnify, defend, and hold harmless LCCC, its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers from any and all claims, lawsuits, losses, and liability arising out of Participant's involvement in this activity. Further, LCCC does not waive its Governmental/Sovereign Immunity by executing or entering into this Waiver/Agreement and specifically retains all immunities and defenses available to it as a governmental entity pursuant to WYO. STAT. ANN. § 1-39-101 (2011), et seq., and all other applicable laws.

Girls State participant certifies that he/she understands all applicable LCCC safety rules regarding this activity, and agrees to abide by said rules, including the wearing of personal protective equipment as designated by Campus Safety and the event sponsor. Participant agrees to comply with any specific instruction or request given by LCCC staff.

I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Waiver. I am aware that by signing this Waiver, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Waiver/Agreement is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Participant Name/Signature: _____	
Please print Name	Signature
Address: _____ City: _____ State: _____ Zip: _____	
Home or Cell Phone Number: _____ Date: _____	
Signature of Parent/Guardian (If participant is under age of 18): _____	
Emergency Contact Information: _____	
Printed Name	Phone