

Release and Waiver of Liability

I, _____, being 18 years of age or older, have decided to participate in _____

(list the activity, program or Work Team/Project) to be held on the ALASKA BIBLE COLLEGE (ABC) campus or at other locations ABC may designate, beginning the ____ day of _____, _____. I freely, voluntarily, and after reading carefully, execute this Release and Waiver of Liability, on the date printed below, agreeing as follows:

My Status/Insurance. I understand and acknowledge that I am a user of ABC facilities and not an employee of ALASKA BIBLE COLLEGE. As such, I am **not** entitled to employee or other benefits from ALASKA BIBLE COLLEGE such as health or accident insurance, workers compensation benefits, or compensation for duties performed or hours worked. I understand it is my responsibility to provide my own health, disability, liability or accident insurance to cover my claims or damages from any injury, illness, death or property damage I suffer while participating in activities at ALASKA BIBLE COLLEGE.

Assumption of Risk/Release. As a user of ALASKA BIBLE COLLEGE facilities and equipment, I understand that my activities may involve known or unknown risks, including but not limited to illness, physical injury, property damage, or death which may result from the negligence, gross negligence or recklessness of Alaska Bible College or its employees, students, volunteers, or agents. I also understand that I may be provided equipment to use in performing volunteer activities which is dangerous to operate and can cause serious injury or death. In consideration of being permitted to use ALASKA BIBLE COLLEGE facilities, equipment, or tools, or to serve as a volunteer, I hereby assume all risks associated with performance of these activities and operation of this equipment and release and forever discharge ALASKA BIBLE COLLEGE and its employees, students, volunteers, or agents from any and all liability for claims or damages I might have that result from my participation in activities at ALASKA BIBLE COLLEGE, and any related claims or damages arising from ALASKA BIBLE COLLEGE'S selection of activities, provision of equipment in connection with my activities. I understand that ALASKA BIBLE COLLEGE is not responsible for the safety or security of my personal effects and release ALASKA BIBLE COLLEGE from liability for theft, damage or destruction of my personal property.

Emergency Medical Care. I hereby consent to the provision or procurement by ALASKA BIBLE COLLEGE of emergency medical care or first aid in the event I suffer any injury or illness while participating in any activities on the Alaska Bible College campus or at other locations while under the supervision of ALASKA BIBLE COLLEGE or its employees, students, volunteers, or agents. I hereby release, discharge and hold ALASKA BIBLE COLLEGE and its employees, students, volunteers, or agents harmless from any claim related to the provision of such emergency medical care. I understand and agree that I am fully responsible for all costs of medical care or services provided me.

I INTEND THAT THIS AGREEMENT IS AND WILL BE BINDING ON MY FAMILY, ESTATE, HEIRS, SUCCESSORS, ASSIGNS, INSURERS, MEDICAL PROVIDERS AND PERSONAL REPRESENTATIVES.

PARTICIPANT OR VOLUNTEER:

___ Mr. _____	_____
___ Mrs. _____	_____
___ Ms. _____	_____
_____	_____
Print name	Date
_____	_____
Signature	Phone

Email Address: _____

_____	_____	_____	_____	_____
Address	Street	City	State	Zip

Person to Contact in the Event of an Emergency: _____
Print Name Phone

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO AN MCC MEMBER PERFORMING ANY ACTIVITIES ON THE ALASKA BIBLE COLLEGE CAMPUS.