



1000 McKee Road
Oakdale PA 15071
412-788-7507

ASSUMPTION OF RISK RELEASE

I, _____ "Participant", being familiar with the curriculum and the activities which take place in the below identified Program. acknowledge that there are inherent risks with this Program. The undersigned assumes all responsibility for all risks of damage or injury that may occur to the undersigned while attending or participating in the Program.

Accordingly, Participant agrees to release, indemnify and hold harmless the College, its officers, employees and agents (collectively the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever (including legal fees and/or court costs) arising out of or related to any loss, damage, or injury, including death, that may be sustained by Participant or loss or damage to any property belonging to Participant arising out of or related to participation in the below named Program, and excepting only such loss, damage or injury as may be caused the sole negligence of any Releasee.

The undersigned certifies that Participant does not have any medical conditions that would prevent participation in Program. Furthermore, the undersigned warrants that the Participant has adequate health insurance to cover the costs of treatment of any injury associated or alleged to be associated with the participation in Program, and/or that undersigned agrees to bear the responsibility of any such costs and the submission of any such medical claims.

The undersigned has carefully read the terms of this Agreement, fully understands its content, and signs it of his or her own free will.

COVID-19 DISCLAIMER

Although the College has implemented procedures and protocols to promote a safe learning environment for participants in the Program, in accordance with federal and state guidelines, the College cannot guarantee that these measures will eliminate all risks of contracting COVID-19. Participants in the Program who have concerns about contracting COVID-19 are therefore encouraged to contact their health care provider to discuss the risks of participating in the Program or otherwise working or visiting CCAC's campuses and facilities and make decisions that best meet the needs of themselves and their families. As a Participant in the Program, you will always be required to comply with the College's social distancing and other safety guidelines as in effect for the Program and facility that you are attending.

I am signing this Agreement for myself as Participant. I acknowledge that I am eighteen (18) years of age or older and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

Name (please print)

Signature of Participant

Date

EMERGENCY CONTACT INFORMATION

Complete the following for emergency purposes. *Please print clearly.*

NAME: _____

ADDRESS: _____

HOME PHONE: _____

Name of person to contact in case of emergency: _____

Relationship: _____ Phone: _____

Name of secondary person to contact in case of emergency: _____

Relationship: _____ Phone: _____

FOR OFFICE STAFF ONLY

Instructor – collect completed forms from all participants at the start of the first class and keep the forms until completion of the class.

Upon completion of your class; return them to Maria Brown at the address below OR email them to me at mbrown2@ccac.edu OR arrangements can be made to pick them up in person.

CCAC Community Education Department
1000 McKee Road
Oakdale, PA 15071