

**Activity Participation Waiver and Release of Liability**

**Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Address: |
| Phone Number: |  | Email Address: |  |
| School/Organization (if applicable): |

[ ] Adult (18 or older) [ ]  Minor (Under 18) – Parent/Guardian must complete Signature Section

**Activity Information**

|  |  |
| --- | --- |
| Name of Activity/Event: |  |
| Date of Activity/Event: |  |
| Location: | [ ]  On-Campus [ ]  Off-Campus (specify): |
| Description of activity: |  |

**Medical Information (optional but recommended):**

|  |  |
| --- | --- |
| Allergies or Medical Conditions: |  |
| Medications needed: |  |
| Emergency Contact Name: |  |
| Relationship: |  |
| Phone Number: |  |

**Waiver and Release of Liability**

*Please read carefully – this is a legal document.*

I, the undersigned, hereby acknowledge and agree to the following:

1. **Voluntary participation**: I voluntarily agree to participate (or allow my child to participate) in the above-described activity, understanding the nature of the activity and the risks involved.
2. **Assumption of Risk**: I acknowledge that participation in ENCSD activities may involve risk of physical injury, property damage, illness (including exposure to infectious diseases), or other harm. I knowingly assume all such risks, personally and on behalf of my child.
3. **Release of Liability** – To the fullest extent allowed by law, I (personally and on behalf of my child) release and hold harmless the Eastern North Carolina School for the Deaf, and their officers, employees, volunteers, and agents from any and all liability, claims, demands, and causes of action arising from or related to my (or my child’s) participation in this activity, including any injury, loss, or damage incurred.
4. **Medical Treatment Authorization** – I authorize ENCSD staff or agents to obtain necessary emergency medical treatment in the event of injury or illness. I agree to be financially responsible for any costs incurred as a result of such treatment.
5. **Photographs and Media (Optional)**:

[ ]  I give permission

[ ]  I do NOT give permission

For ENCSD to use photos or videos of me/my child taken during the activity for educational, promotional, or informational purposes.

1. **Compliance with ENCSD policies:** I agree to follow all ENCSD rules, safety guidelines, and instructions related to this activity. I understand that failure to do so may result in removal from the activity.

**Signatures**

|  |
| --- |
| FOR ADULT PARTICIPANTS (AGE 18 OR OLDER): |
| I have read and understand this waiver. I am voluntarily signing it. |
| Signature: | Date: |

|  |
| --- |
| FOR MINOR PARTICIPANTS (UNDER AGE 18): |
| I, as parent or legal guardian of the above-named minor, have read and understand this waiver. I consent to their participation and voluntarily sign this waiver on their behalf. |
| Parent/Guardian Signature: | Date: |
| Relationship to Minor: |

**ENCSD USE ONLY**

|  |  |
| --- | --- |
| Staff member receiving form: |  |
| Date received: |  |
| Notes or restrictions: |  |